



Ready Nursing Solutions, Inc.

# Ready Nursing Solutions, Inc. Temporary Staffing Agency

52188 Van Dyke - Suite 113 - Shelby Township, MI. 48316 - Phone:313-523-8049 - Fax: 888-304-1597

Email: [readynursingsolutions@yahoo.com](mailto:readynursingsolutions@yahoo.com)

Website: <https://readynursingsolutions.com>

## Applicant Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

| Name | Relationship | Phone# |
|------|--------------|--------|
|------|--------------|--------|

Are you a citizen of the United States ? Yes \_\_\_ No \_\_\_ If no, are you authorized to work in the US ? Yes \_\_\_ No \_\_\_

Have you ever worked for **Ready Nursing Solutions, Inc.** before? Yes \_\_\_ No \_\_\_

Have you ever applied with **Ready Nursing Solutions, Inc.** before ? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

How did you hear about **Ready Nursing Solutions, Inc.** ? (google) \_\_\_\_\_ Nurse Name: \_\_\_\_\_

Shift Preferences: 7a-3p \_\_\_ 3p-11p \_\_\_ 11p-7a \_\_\_ 7a-7p \_\_\_ 7p-7a \_\_\_

### LICENSING INFORMATION: (include front and back copies of all licenses held)

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your professional license ever been investigated, suspended or placed on probation? Yes \_\_\_ No \_\_\_

**If yes,** (attach explanation)

### CERTIFICATION: (include front and back copies of all licenses held)

BLS expiration date: \_\_\_\_\_

ACLS expiration date: \_\_\_\_\_

PALS expiration date: \_\_\_\_\_

Other: \_\_\_\_\_

**EDUCATION:**    Name and Location of School                      Graduated Mo/yr                      Diplomas, Degree

College : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Graduate School: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other School: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable)

**EMPLOYMENT HISTORY**

- ❖ Please list all your employment for the past 7 years, beginning with most recent.  
(Should you need more space, please attach a separate sheet)

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Facility: \_\_\_\_\_ Date worked: From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position held: \_\_\_\_\_ Specialty: \_\_\_\_\_ Supervisor Name/title: \_\_\_\_\_

Agency: Yes \_\_\_\_\_ No \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility: \_\_\_\_\_ Date worked: From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position held: \_\_\_\_\_ Specialty: \_\_\_\_\_ Supervisor Name/title: \_\_\_\_\_

Agency: Yes \_\_\_\_\_ No \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility: \_\_\_\_\_ Date worked: From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position held: \_\_\_\_\_ Specialty: \_\_\_\_\_ Supervisor Name/title: \_\_\_\_\_

Agency: Yes \_\_\_\_\_ No \_\_\_\_\_ Phone #: \_\_\_\_\_

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Do you have any physical limitations that would hinder your work as a nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

**Please indicate all areas of experience:**

| Position:     | How Long<br>(Month/Year) | Comments: | Position:         | How Long<br>(Month/Year) | Comment |
|---------------|--------------------------|-----------|-------------------|--------------------------|---------|
| Head Nurse    | _____                    | _____     | Telemetry         | _____                    | _____   |
| Charge Nurse  | _____                    | _____     | Peds              | _____                    | _____   |
| Supervisor    | _____                    | _____     | CENA              | _____                    | _____   |
| ANP, PNP ,FNP | _____                    | _____     | NICU II           | _____                    | _____   |
| Med-Surg      | _____                    | _____     | NICU III          | _____                    | _____   |
| Orthopedics   | _____                    | _____     | PICU              | _____                    | _____   |
| Oncology      | _____                    | _____     | L & D             | _____                    | _____   |
| E.R.          | _____                    | _____     | Obstetrics        | _____                    | _____   |
| Urgent Care   | _____                    | _____     | OR                | _____                    | _____   |
| ICU           | _____                    | _____     | Endoscopy         | _____                    | _____   |
| MICU          | _____                    | _____     | PACU              | _____                    | _____   |
| SICU          | _____                    | _____     | Burn Unit         | _____                    | _____   |
| CCU           | _____                    | _____     | Dialysis          | _____                    | _____   |
| Neuro ICU     | _____                    | _____     | Transplant        | _____                    | _____   |
| CVICU         | _____                    | _____     | Cardiac Cath. Lab | _____                    | _____   |
| Step-Down     | _____                    | _____     | I.V. Therapy      | _____                    | _____   |
| PCU/IMCU      | _____                    | _____     | Other             | _____                    | _____   |

**DISCLAIMER AND SIGNATURE**

I certify that the foregoing answers to the questions asked in this application are true and correct to the best of my knowledge. Misstatements or omissions of material facts may be cause for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_