



Ready Nursing Solutions, Inc.  
Temporary Staffing Agency

**CONSENT TO RELEASE INFORMATION**

DATE: \_\_\_\_\_

I \_\_\_\_\_, give my consent to release any and all employment information to any facility receiving my employee profile in order to be scheduled for work.

**Documents to be faxed include but are not limited to:**

- License
- CPR
- ACLS, NRP, PALS, and other credentials
- Employment history from application
- Physical (updated annually)
- PPD (updated annually) or CXR (good for 3 years)
- Vaccination (Hep B, Varicella and MMR)
- JCAHO/RADIATION Core competencies (updated annually)
- Test scores for pertinent skill area
- Skills Checklist (updated bi-annually)
- References
- Evaluations
- Resume
- Drug Screen
- Criminal background check

I am also aware that I am to update my credentials with the Ready Nursing Solutions, Inc.

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