

URGENT Staffing, LLC
 Just call US!

EMPLOYMENT APPLICATION

Name: _____
 First Last Middle

U.S. Social Security Number: _____

Present Address: _____

City: _____ State: _____ Zip Code _____

Permanent Home Address (home of record for State tax filing): _____

City: _____ State: _____ Zip Code _____

Permanent Phone: (____) _____ Cell Ph. No. (____) _____

Eligible for employment in the U.S.? Yes No

Position applying for: _____

Emergency contact: _____ Phone number: _____

Relationship: _____ Address: _____

City _____ State _____ Zip Code: _____

Drivers License No.: _____ State issued: _____ Exp. Date: _____

Do you smoke cigarettes? Yes No

EDUCATION	SCHOOL NAME AND LOCATION	DEGREE/ CERTIFICATE	YEAR
Certificate Program			
University or Other			
Masters/Associates			

Certifications

CPR/BCLS: Yes No Expiration Date _____

RDMS Registry#: _____ Expiration Date _____ Year issued: _____

Specialty: _____ Year issued: _____

Specialty: _____ Year issued: _____

Specialty: _____ Year issued: _____

Specialty: _____ Year issued: _____

Specialty: _____ Year issued: _____

RVT Registry No.: _____ Expiration Date _____ Year issued: _____

RDCS Registry No.: _____ Expiration Date _____ Year issued: _____

ARRP Registry No.: _____ Expiration Date _____ Year issued: _____

Other _____ Expiration Date _____

Employment

Referred by: _____

Are you employed now? Yes No

If yes, may we contact your most recent employer? Yes No

May we contact your previous employer? Yes No

Please list all employment for the past three years.

Facility Name _____

Address _____

Number of beds _____ Dates Employed: From _____ To _____

Machines used _____ Average Patient Caseload _____

Shift Worked _____ Pay Rate _____

Facility Name _____

Address _____

Number of beds _____ Dates Employed: From _____ To _____

Machines used _____ Average Patient Caseload _____

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Facility Name _____
Address _____
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Machines used _____ Average Patient Caseload _____
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FITNESS FOR POSITION

1. The essential function of a Travel Technologist is to provide a standard of care that is acceptable within his/her specialty. Are you capable of performing this function?
 Yes No
2. Are you currently using any illegal drugs or failing to take legally prescribed drugs in the manner prescribed?
 Yes No

PROFESSIONAL LIABILITY

If your answer is "yes" to any of the following, provide full explanation on separate sheet.

Have any malpractice claims, suits, settlements or arbitration proceedings been made against you?
 Yes No

Are there any claims, suits or settlements pending against you or against any professional entity in which you are a member?
 Yes No

If you answered "yes" to either of these questions, please include a summary on each case with the following information: a) year occurred, b) status (i.e., pending, closed, etc.), settlement amount, details of the case, malpractice carrier. Include supporting documentation from attorney(s) and/or malpractice carrier(s).

DISCIPLINARY ACTIONS

1. Have you ever been convicted of a felony or a misdemeanor?
 Yes No
If your answer is "yes," provide full explanation on separate sheet. A "yes" answer will not automatically disqualify you from consideration for placement among Agency's Providers. If you answered "yes," please include a summary on each case with the following information: a) date of offense, b) nature, and c) seriousness of the offense.
2. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?
 Yes No
A "yes" answer will not automatically disqualify you from consideration for placement among Agency's Providers. If you answered "yes," please include a summary on each case with the following information: a) date of offense, b) nature, and c) seriousness of the offense.
3. Has your license to practice ultrasound in any state been suspended, revoked, restricted, denied or voluntarily surrendered?
 Yes No
4. Have you ever been disciplined by any administrative agency for unethical conduct?
 Yes No
5. Have you ever been the subject of any investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency?
 Yes No
6. Are there any other issues which should be disclosed that may have an adverse impact on your ability to provide effective Travel Technologist services?
 Yes No

I hereby affirm and acknowledge that the information provided by me on this Employment Application are true, complete and accurate, and that Urgent Staffing, LLC will rely on the truthfulness of my statements in evaluating my potential to be placed with Urgent Staffing, LLC's Facilities as a Travel Technologist. I hereby release Urgent Staffing, LLC, its members and managers from liability for their acts performed in good faith and without malice in connection with evaluating my Employment Application, credentials and qualifications. I further release from liability physicians, hospitals and other references for the good faith release of information regarding my professional capabilities and performances. I acknowledge that the decision to place me as a Travel Technologist is solely at the discretion of Urgent Staffing, LLC. I further acknowledge that I will not enter into an arrangement to provide temporary or permanent services with any individual, group or institution to whom I am referred by Urgent Staffing, LLC, except through and with the consent of Urgent Staffing, LLC.

Provider Signature

Date