



WTS Medical Staffing, LLC is and Equal Opportunity Employer.

Applicant Acknowledgement

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result may result in disqualification from further consideration or termination of employment.

I authorize **WTS Medical Staffing, LLC** to investigate my employment history, credentials, and to obtain any relevant information including a(criminal background check) needed to make an employment decision.

I authorize **WTS Medical Staffing, LLC** to disclose this application along with any information about me obtained through reference checks or during the interview process for state, federal, contractual or accreditation audit process.

I authorize **WTS Medical Staffing, LLC** to disclose any of my appraisals, disciplinary records or skill tests for the same purposes above. I release **WTS** and any individual or entity providing information to **WTS Medical Staffing, LLC** from all liability for any damages from the disclosure of this information.

I also understand and agree to the following:

- Passing a medical exam and or participating in a post-conditional offer medical screening may be required. If medical restrictions can not be reasonably accommodated, I may not be hired, or if hired, employment can be terminated based on these findings.
- Subject to applicable laws, **WTS Medical Staffing, LLC** reserves the right to conduct drug screening and testing for any suspicion at any time during employment. A drug screening is apart of a mandatory pre-employment process. If a violation should arise, the policy will take effect immediately; No hire or adverse employment actions leading to the termination of such applicant.
- **WTS Medical Staffing, LLC** has the right to modify or change policy at anytime without notice.

I agree and commit to the above; and understand the employment application stipulations. If I am granted and interview with **WTS Medical Staffing, LLC** this doesn't stand as an official employment agreement between staffing agency and I. If I am hired, I understand that my employment can be terminated at any given time and I also have the right to opt out of employment with **WTS** , I am obligated to work assignments, be present at scheduled work sites and I agree to meet the needs of staffing agency. If granted employment I am agreeing to the terms of my employee handbook guidelines.

Applicant Signature Required:

Applicant Print Name Required:

Date:

Initials Here

- Please CHECK one of the following:

HSA-Healthcare Services Administrator

DON-Director of Nursing

RN-Registered Nurse

LPN-Licensed Practical Nurse

CNA-Certified Nurse Assistant

RMA-Registered Medication Aide

PT-Physical Therapist

OT-Occupational Therapist

Physician / Physician Assistant

Dentist / Dental Assistant

Optometrist / Optometry Assistant

OA-Office Administrator

R-Research

Licensing Number

State

Expiration Date

First Name _____

Middle Name _____

Last Name _____

- Please CIRCLE any of the following:

Full time

Part time

- Please CIRCLE the days you're available to work:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

- Shift request CIRCLE which applies to you:

8 hour shift

12 hour shift

Days

Nights

Address

Phone Number () _____

Social Security _____

Date of Birth _____

Initials Here

Email

- Please list a emergency contact :

Name _____

Phone () _____

Relationship _____

Desired Salary \$_____

- Has your professional license been suspended, revoked or under investigation?

Yes

No

If Yes, please explain:

- EDUCATION

High School Name _____

City, State, Zip

College Name

City, State, Zip

Degree _____

● RECENT EMPLOYER

Name, address, phone number

Dates of Employment :

Supervisor Name:

Pay rate \$ _____

Position _____

Reason for leaving:

Please List 2 of your previous Staffing Agencies:

● EXPERTISE

- 1. Medical
- 2. Surgical
- 3. Hospice
- 4. Rehabilitation
- 5. Emergency room
- 6. Acute
- 7. Oasis
- 8. ICF
- 9. Alzheimer's
- 10. Skilled
- 11. Operating Room

Other: _____

Initials Here

- CREDENTIALS

1. IV Certified
2. Charge Experience
3. Med Cart
4. Oncology

Other: _____

Race:

Ethnicity:

Sex:

Have you ever been convicted of a Felony or Misdemeanor? YES NO

If yes, please explain:

- Please use the space below to share any additional helpful information about your application:

Desired place of employment? Please share with us what facilities you may be interested in?

Names, Cities, States

- REFERENCES

Name,number,relationships (list 3)

Please be sure to initial each page of this application.

Initials Here

Assigned Employment Confidentiality Agreement

As a condition of my assignment by **WTS Medical Staffing, LLC** to client, I hereby agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at client or which I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to client or staffing agency or its operating methods and procedures that come to my attention as a result of this assignment. Under no circumstances will I remove physical or electronic documents or copies of documents from the premises of client or staffing agency.

I understand that I will be responsible for any direct or consequential damages resulting from any violation of this agreement.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

The obligation of this agreement I hereby understand and accept.

Print name required

Signature required

Date

Initials Here

Background Check

I _____ hereby give **WTS Medical Staffing,LLC** permission to conduct and investigation to obtain information which **WTS** thinks is necessary to determine my qualifications for employment with the company, including but not limited to, my permission to contact any former employer and persona; professional references, banks, credit or financial bureau or office, police department, law enforcement agency, any consumer reporting agency, personal or otherwise, that such sources may have relating to my character,general reputation, or criminal records, and I give my consent to any source to release to **WTS** whatever information they have about me.

I also understand that the information requested about me in the application process is necessary so that the accurate information is obtainable. I hereby consent to this investigation and authorize **WTS** to procure a consumer report on my background as started above from a consumer reporting agency. I also unconditionally release all named and unnamed sources from all liability which might result from furnishing any information about me.

Printed name required:

Signature required:

Date:

Social security number

Drivers license number

Date of birth

Witness

Initials Here

Thank you for completing your employment application. Please see the **checklist** below, Provide the supporting documents with your application:

1. Drivers License
2. PPD
3. Licensing Certificate (No look-ups)
4. Social Security Card
5. CPR Card BLS
6. W9
7. I9
8. Direct deposit form
9. Resume (No Indeed.com Resumes)
10. Employee Handbook Signature Page
11. List your Cash App or Paypal Handle Here _____

Feel free to use the space below to share any information needed for staffing agency to determine the status of this application.

Application process will take up to a week, this includes an interview and drug screening.

All New Hires are required to sign WTS Employee Handbook found on the company website under the Employee Portal Page.

Thank you,
WTS Corporate

OFFICE USE ONLY

Date of hire

Shift

Facility

Speciality

Assessment score ____

Interview reviews _____