

# Apply Now

We are now Paperless! Please complete the digital application below to apply for a position with us.

## Applying for Position \*

### Job#

Please specify a job number to complete the application

## Current Licensure \*

- RN
- LPN
- LVN
- CNA
- ALLIED
- PHYSICIAN
- RESEARCH

## Full Name \*

Prefix    First Name    Middle Name    Last Name    Suffix

## Drivers License # \*

## Date of Birth \*

## Social Security Number \*

## Current Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number \*

Area Code Phone Number

## Secondary Phone Number \*

Area Code Phone Number

## Email Address \*

example@example.com

## Professional License Lookup # \*

## License State # \*

State must match professional license lookup number

## Do you have compact license? \*

## Available Start Date \*



**Shift Preference \***

**Applicant Type**

**I am Interested in: \***

- Full-Time
- Part-Time
- Travel
- Per Diem
- Contract

**I am available for work on the following days: \***

- |           |          |
|-----------|----------|
| Monday    | Tuesday  |
| Wednesday | Thursday |
| Friday    | Saturday |
| Sunday    |          |

**Please list your education history: \***

Must both include High School & College, with complete address and graduation date

**Desired Hourly Rate?**

**Please list 2 recent employers: \***

**Please list 3 Professional 3 references: \***

Please be sure include first & last names, with a valid phone number

**Have you ever been convicted of a Felony or Misdemeanor? \***

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

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(Visit Browse Jobs Page)
7. I9(Visit Browse Jobs Page)
8. Direct deposit form(Visit Browse Jobs Page)
9. Employee Handbook Signature Page( Visit the Employee Portal Page- and create an account)

We accept additional forms via fax (757)998-2172 or email [info@wtsmedicalstaffing.com](mailto:info@wtsmedicalstaffing.com) Got a Question?  
Call us (Human Resources) 646-453-0774



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 personal 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.

*Background Authorization*



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.

*Employment Confidential Agreement*