



P.O. Box 1674 • 205 Crittenden St • Owensboro, KY 42302-1674
 877-998-9930 • 270-663-8020 tel • 877-998-9940 fax

EMPLOYEE APPLICATION

Last Name _____ First _____ MI _____ Home Phone (_____) _____
 Street Address _____ Work Phone (_____) _____
 City _____ State _____ Zip _____ Ext. _____
 Social Security # _____ Date of Birth _____ OK to contact at work? Yes No
 Emergency Contact _____ Phone (_____) _____ Cell/Pager () _____
 Modality/Specialty Applying for _____ Email _____

Date Available _____ Applying for: Temporary Permanent
 Professional References (2):
(Must be supervisory)
 Name _____ Title _____
 Facility _____ Phone (_____) _____
 City/State/Zip _____
 Name _____ Title _____
 Facility _____ Phone (_____) _____
 City/State/Zip _____

Travel Professionals: Do you travel with pets? If so, what kind? (i.e., dogs, cats, etc.) _____

Have you ever been convicted of a felony? Yes No Have you ever filed a claim on any malpractice insurance? Yes No
 Have you ever been involved in a lawsuit or been threatened with a lawsuit based on your performance? Yes No (If "Yes" to any question, please attach an explanation.)

EDUCATION –

School _____ School _____
 City/State _____ City/State _____
 Degree _____ Grad Date _____ Degree _____ Grad Date _____

LICENSES, REGISTRIES & CERTIFICATIONS –

State Licenses: Please list all current state licenses.
State Registry/License # Expiration Date

Resuscitation Credentials: List credential and expiration date. (Ex. BCLS, ACLS, PALS, NRP, etc.) _____

Which of these licenses is your original state of licensure? _____ Equipment Used _____

Registries/Certifications: (Ex. CNOR, CCRN, ARRT, ARDMS, etc.) Has your license/certification ever been under investigation?*

Cert./Registry	Cert./Registry #	Expiration Date	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your license/certification ever been revoked or suspended?*

Yes No

(If you answered Yes to either question, please provide details on a separate sheet of paper.)

Employment History – Start with your present or most recent job or assignment. **IMPORTANT:** List all jobs held during the last **FIVE YEARS, ONE YEAR** of which must be in the type of job for which you are seeking placement.

Start Date _____	End Date _____	Job Title _____
Company _____	Hourly Pay Rate _____	Duties/Types of Patients _____
Address _____		
City/State _____		
Supervisor _____	Equipment Used _____	
Title _____	Phone _____	
Reason for Leaving _____	Number of Beds _____	Patient Ratio _____
Was this a travel assignment? Yes No	Supervisory Experience? Yes No	Ver Date _____ Init _____

Office Use Only

Start Date _____	End Date _____	Job Title _____
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Address _____		
City/State _____		
Supervisor _____	Equipment Used _____	
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Reason for Leaving _____	Number of Beds _____	Patient Ratio _____
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Office Use Only

Do you authorize StatGroup, LLC, to solicit information about your suitability for employment from the past employers listed by you? Yes No

By checking "Yes", you authorize StatGroup, LLC, to contact these former employers and solicit information about your employment with them. You also authorize these former employers to disclose information to StatGroup, LLC, about your suitability for employment with StatGroup, LLC, while agreeing to release StatGroup, LLC, and the former employers from liability arising from any such disclosure.

NOTE: StatGroup, LLC, may require that pay rate be validated through presentation of last pay stub.

I hereby verify that the above information is true and correct to the best of my knowledge and that falsification of this information can lead to immediate termination of my assignment.

Applicant Name (please print) _____

Signature _____

Date _____



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