



Thank you for choosing Resolve Staffing! You control your destiny; you determine when and where to travel and Resolve Staffing will do everything possible to make your travel dreams a reality! Our application process is divided into three easy steps: Application, Hire Packet, and Benefits. Attached is the Application Packet that will include information regarding your professional background, personal contact information, and travel preferences. Along with the information in this packet please be aware that you must provide legible copies of the following documents:

- **Copy of all active state license(s)**
- **Copy of valid AHA BLS certification cards**
- **Copy of any other specialty specific certification(s) (ie; ACLS, PALS, CNOR, TNCC)**
- **Copy of valid drivers license or identification card (must be notarized)**
- **Copy of social security card**
- **At least two positive professional references.**

Please return completed documents at your earliest convenience to expedite the hiring process. Please fax all completed information to (866) 561-8803.

You may also mail the packet to the appropriate office:

- For Per Diem opportunities in Phoenix, AZ and surrounding areas:
2550 N. Thunderbird Circle Ste 111
Mesa, AZ 85215
- For Per Diem opportunities in Chicago, IL and surrounding areas:
211 Airport Drive
Joliet, IL 60431
- For Per Diem opportunities in Fulton, MO and surrounding areas:
8025 State Road C
Fulton, MO 65251
- For Per Diem opportunities in St. Petersburg, FL and surrounding areas:
9800 4th N., Ste 101
St. Petersburg, FL 33702
- For Per Diem opportunities in Montana:
151 Trout Creek Road
Trout Creek, Montana 59874
- For Travel or Oklahoma Per Diem opportunities please mail to our main office:
1003 Perry Ave
Perry, OK 73077

Once the documents are received in our office your recruiter will contact you to discuss your interests and all available opportunities. Please feel free to call us if you have any questions toll-free (888) 568-6690.

On behalf of all the staff at Resolve Staffing Healthcare Division,

Welcome!



EMPLOYMENT APPLICATION PERSONAL INFORMATION

Name _____
First Last MI Nickname

Permanent Address _____
Street Apt #

_____ City State Zip

Home Phone () _____ **Cell Phone** () _____ **Email** _____

Profession _____ **Best time to reach you?** _____ **Are you a US citizen?** YES NO

Emergency Contact _____
Name Relationship Phone

_____ Address City State Zip

Date of Birth ____/____/____ **Social Security Number** _____

Were you referred by anyone? Yes No **If so, who?** _____

Were did you here about us? www.travel-nurse.com Search Engine (Yahoo/Google) Co-Worker Magazine/Journal _____
 Internet Ad Other _____

PROFESSIONAL INFORMATION

Specialty (Please list most current experience first)

_____ **Years of Experience** _____

_____ **Years of Experience** _____

_____ **Years of Experience** _____

Credentials You Currently Hold
(Please include legible copies of all license and certifications)

ACLS NRP CNOR
 CHEMO PALS CRRN
 BCLS/CPR CEN TNCC
 Critical Care OCN FA

STATE LICENSE (Please include legible copies of all license.)

License Number _____ State _____ Expiration Date _____

License Number _____ State _____ Expiration Date _____

License Number _____ State _____ Expiration Date _____

License Number _____ State _____ Expiration Date _____

Has your license or certification ever been investigated or suspended?
 Yes No If yes, please explain (use back of page if necessary)

EDUCATION BACKGROUND

School _____ Date of Graduation ____/____/____

Location _____ Degree/Diploma _____

School _____ Date of Graduation ____/____/____

Location _____ Degree/Diploma _____

School _____ Date of Graduation ____/____/____

Location _____ Degree/Diploma _____

List all the computerized charting systems you have experience with: _____

List all the medication administration systems you have experience in: _____



Have you ever been convicted of a felony or crime? Yes No If yes, please explain: _____

Have you ever been named as a defendant in a professional liability action? Yes No If yes, please explain: _____

Have you ever been investigated from federal or state authorities for an alleged violation of a healthcare law? Yes No If yes, please explain: _____

Have you ever been excluded from participation in a federal healthcare program (i.e. Medicare/Medicaid)? Yes No If yes, please explain: _____

Are you currently employed full time? Yes No If yes, where? _____

When are you available to start? _____ What is your shift preference? _____

What is more important to you? Please rank accordingly, 1 being the least important and 10 being the most important.

_____ High Hourly Wage _____ Medical Insurance _____ Travel Allowance

_____ Location of assignment _____ Bonus (sign-on/completion)

I certify that all of the information provided is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you and your agents to conduct any investigation necessary concerning any part of my background, civil, criminal records, driving records, education records, and any other such information related to the position I am seeking. I consent to and authorize Resolve Staffing Healthcare Division to request, and release any information concerning my previous employment, educational history, character, general reputation, and background information in connection with an application for employment. I release and forever hold harmless any and all parties from any liability in connection with the provision and use of such information.

I am also aware that certain contracting Associations and/or Facilities, in which I may perform Supplemental Staffing duties at, may require access to my medical information on physical limitations or impairments, and other information may be collected and maintained only in accordance with all applicable anti-discrimination laws, including, without limitation, the State’s Labor Code, the Rehabilitation Act of 1974, and the Americans with Disabilities Act of 1991. Additionally, if employed by Resolve Staffing Healthcare Division, any compensation, expense reimbursement, and benefits are solely responsible to be paid to me by Resolve Staffing Healthcare Division. By signing below I agree to release the aforementioned medical information as required by contracted Association and/or Facilities, and waive all claims against Association and/or Facilities regarding compensation, expense reimbursement, and benefits.

I understand and agree that, if employed by this organization or its clients, I will abide by the appropriate rules and regulations, of which are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. I further understand that as a condition of employment through Resolve Staffing Healthcare Division I may be required to undergo a physical examination, including drug screening, to determine my ability to perform the functions of my job with reasonable accommodations.

I, the undersigned, having applied for a position with Resolve Staffing Healthcare Division, do hereby authorize you to provide Resolve Staffing Healthcare Division with the information requested. I hereby authorize my former employers to furnish any or all information, personal or otherwise, which may or may not be recorded. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever for furnishing it to Resolve Staffing Healthcare Division.

Applicants Name (Please Print Full Name) _____ Date _____

Applicants Signature _____



EMPLOYMENT HISTORY

Are you currently employed? Yes No

Please start with most recent employer and provide information from the last seven years.

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Hospital Name: _____ City: _____ State: _____
Dates Employed: _____ to _____ Hospital Type: Teaching Non-teaching Was this a travel assignment? Yes No
Reason for leaving: _____ Position Held: _____ Hourly Wage: _____
Number of beds: _____ Unit: _____ Number if beds in Unit: _____ Avg. Patient Ratio: _____
Type of Nursing: Staff Pool Per Diem Charge Experience: Yes No What shift did you work: _____
Supervisors Name: _____ Phone: _____ May we contact? Yes No

Hospital Name: _____ City: _____ State: _____
Dates Employed: _____ to _____ Hospital Type: Teaching Non-teaching Was this a travel assignment? Yes No
Reason for leaving: _____ Position Held: _____ Hourly Wage: _____
Number of beds: _____ Unit: _____ Number if beds in Unit: _____ Avg. Patient Ratio: _____
Type of Nursing: Staff Pool Per Diem Charge Experience: Yes No What shift did you work: _____
Supervisors Name: _____ Phone: _____ May we contact? Yes No

Hospital Name: _____ City: _____ State: _____
Dates Employed: _____ to _____ Hospital Type: Teaching Non-teaching Was this a travel assignment? Yes No
Reason for leaving: _____ Position Held: _____ Hourly Wage: _____
Number of beds: _____ Unit: _____ Number if beds in Unit: _____ Avg. Patient Ratio: _____
Type of Nursing: Staff Pool Per Diem Charge Experience: Yes No What shift did you work: _____
Supervisors Name: _____ Phone: _____ May we contact? Yes No

Hospital Name: _____ City: _____ State: _____
Dates Employed: _____ to _____ Hospital Type: Teaching Non-teaching Was this a travel assignment? Yes No
Reason for leaving: _____ Position Held: _____ Hourly Wage: _____
Number of beds: _____ Unit: _____ Number if beds in Unit: _____ Avg. Patient Ratio: _____
Type of Nursing: Staff Pool Per Diem Charge Experience: Yes No What shift did you work: _____
Supervisors Name: _____ Phone: _____ May we contact? Yes No



PRE EMPLOYMENT MEDICAL SCREENING

Please provide documentation of each of the following immunizations or lab results as appropriate:

MMR	Date _____ / _____ / _____	
Mumps Titer	Date _____ / _____ / _____	Results: _____
Rubella Titer	Date _____ / _____ / _____	Results: _____
Rubeola	Date _____ / _____ / _____	
Rubeola Titer	Date _____ / _____ / _____	Results: _____
Varicella	Date _____ / _____ / _____	
Varicella Titer	Date _____ / _____ / _____	Results: _____
Hep B Series	1 st Date _____ / _____ / _____ 2 nd Date _____ / _____ / _____ 3 rd Date _____ / _____ / _____	
Hep B Titer	Date _____ / _____ / _____	Results: _____
Smallpox	Date _____ / _____ / _____	
Smallpox Titer	Date _____ / _____ / _____	Results: _____
Tetanus	Date _____ / _____ / _____	
TB Skin Test	Date _____ / _____ / _____	Results: _____
Chest X-ray <small>(If positive skin TB test)</small>	Date _____ / _____ / _____	Results: _____

IF positive TB skin test results a TB Questionnaire must be completed and signed by physician.

HEPATITIS B VACCINE DECLINATION

The following statement of declination of Hepatitis B Vaccination must be signed the applicant/employee who chose not to accept a vaccine. The statement can only be signed by the applicant/employee following appropriate training regarding eHepatitis B, Hepatitis B Vaccination, the efficacy, safety, method of administration, and benefits of vaccination. The statement is not a waiver; employees can request and receive the Hepatitis B Vaccination at a later date if they remain occupationally at risk for Hepatitis B.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

The reason I have chose to decline the Hepatitis B Vaccination is: _____

VARICELLA HISTORY

Please check one of the following statements:

- I have been vaccinated for Chicken Pox. (provide immunization documentation)
- I have had Chicken Pox.
- I have never had Chicken Pox.
- I have not had Chicken Pox, but I may have cared for a person with Chicken Pox.

SMALL POX HISTORY

Please check one of the following statements:

- I have never been vaccinated for smallpox.
- I have been vaccinated for smallpox. (provide documentation)

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____



You can also earn extra cash through our referral bonus program. You will receive \$400.00 for an RN and \$300.00 for an LPN once your referred candidates have worked a total of 80hrs in 90 days. Please complete as much information as you can about your referral so we may contact him/her about Travel/Per Diem opportunities.

1.
Name: _____ ()
First Last Phone:

Address: _____
Street City State Zip

Email: _____ **Profession/Specialty:** _____

Relationship: _____

2.
Name: _____ ()
First Last Phone:

Address: _____
Street City State Zip

Email: _____ **Profession/Specialty:** _____

Relationship: _____

3.
Name: _____ ()
First Last Phone:

Address: _____
Street City State Zip

Email: _____ **Profession/Specialty:** _____

Relationship: _____

4.
Name: _____ ()
First Last Phone:

Address: _____
Street City State Zip

Email: _____ **Profession/Specialty:** _____

Relationship: _____



INQUIRY RELEASE

In connection with, and for the duration of my employment (or independent contract for services) with _____ (Company), I understand that investigative background inquiries are to be made by Company or its third-party designee on myself including consumer, criminal, driving, and other reports. These reports will include information as to my creditworthiness, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. These reports and records will be used for the purposes of making hiring decisions or investigating certain incidents. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. The aforementioned reports, records and information are hereinafter referred to as "Background Information".

To the extent such inquiries and requests of Background Information constitute "Consumer Reports" under the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, then such inquiries and requests of information shall be in compliance with the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.* (the "FCRA"), to the extent applicable. Pursuant to Section 606(b) of the FCRA, I may make a written request to you within days of the date of this release to make a complete and accurate disclosure of the nature and scope of any investigation which may be governed by the FCRA. You will make the disclosure in writing mailed, or otherwise delivered, to me not later than five (5) days after the date you receive my request for such a disclosure. If a decision not to employ, continue employment, or contract for services is contemplated because of the contents of a Consumer Report governed by the FCRA, then pursuant to Section 604(b)(3), I will receive a free copy of such Consumer Report and a summary of my rights as a consumer under the FCRA, a copy of which is attached hereto.

I understand and agree that the Background Information is of material importance to Company and that if I have given any false information, or I have omitted any material facts under any circumstances, I may not be hired, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, in the sole and absolute discretion of Company.

I hereby request that all references listed on my application, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to Company or third party designee.

I authorize, without reservation, any party or agency contracted by Company to furnish the above mentioned information:

PLEASE PRINT

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(First) (Middle) (Last) (Maiden Name or Alias)

Current Address:

City	State	Zip
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Date of Birth	Social Security Number
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Driver's License Number	State Issued
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Applicant's Signature	Date
-----------------------	------

(MM/DD/YYYY)

_____ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Credential Check at the address listed above.

CREDENTIAL CHECK CORPORATION

575 East Big Beaver Road, Suite 300, Troy, Michigan 48063-1300 USA Tel: (888) 689-2000 Fax: (877) 689-1500 www.credentialcheck.com



NOTICE OF CONSUMER RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit file;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit/> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.



- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051