

APPLICANT INFORMATION

| | | | | |
|---|--|-------------|-------------------------|-------------------|
| LAST NAME: | | FIRST NAME: | | MI: |
| HOME ADDRESS: | | | CITY: | |
| STATE/ PROVINCE: | | COUNTRY: | | ZIP/ POSTAL CODE: |
| HOME PHONE NUMBER: | | | E-MAIL ADDRESS: | |
| CELL PHONE NUMBER: | | | FAX NUMBER: | |
| MAILING ADDRESS (if different from home address) | | | CITY: | |
| STATE/ PROVINCE: | | COUNTRY: | | ZIP/POSTAL CODE: |
| DATE OF BIRTH: | | | SOCIAL SECURITY NUMBER: | |
| IN CASE OF EMERGENCY, PLEASE CONTACT: | | | | |
| NAME: | | | PHONE NO.: | |
| CITY: | | | STATE/ PROVINCE: | |
| PROFESSION (please check): <input type="checkbox"/> RN <input type="checkbox"/> LPN/LVN <input type="checkbox"/> CNA <input type="checkbox"/> RT <input type="checkbox"/> RADIOLOGY: _____ | | | | |
| Are you eligible to work in the United States? (please check) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| How did you hear about QTS? (please circle) Referral Printed Ad Brochure Website Other | | | | |
| If you were referred, who referred you to us? _____ | | | | |
| SHIFT PREFERENCE (IN ORDER): 1) 2) 3) | | | | |

REFERENCES

Professional References (Please 3 professional references)

| NAME | COMPANY | PHONE NUMBER | ALT PHONE NUMBER | EMPLOYMENT DATES | UNIT |
|------|---------|--------------|------------------|------------------|------|
| | | | | | |
| | | | | | |
| | | | | | |

LICENSES

| CURRENT ACTIVE LICENSES: | HOME STATE: | NUMBER: | EXPIRES: | COMPACT: Y or N |
|--------------------------|-------------|---------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

QUIK TRAVEL STAFFING, INC

AREAS OF WORK

| SPECIALTY IN THE LAST 2 YEARS (for nursing applicants only) | YEARS OF EXPERIENCE | CERTIFIED (circle): | |
|---|---------------------|---------------------|----|
| | | YES | NO |
| | | YES | NO |
| | | YES | NO |
| | | YES | NO |
| | | YES | NO |

CERTIFICATION/ CEUs (Please include copies)

| NAME: | DATE TAKEN: | EXPIRATION: | NAME: | DATE TAKEN: | EXPIRATION: |
|-----------|-------------|-------------|-------------|-------------|-------------|
| BCLS | | | FIRE SAFETY | | |
| ACLS | | | MAB | | |
| NALS/ NRP | | | NICU | | |
| PALS | | | | | |

EDUCATIONAL BACKGROUND

| SCHOOL ATTENDED | LOCATION (CITY, STATE) | DATE GRADUATED | PROGRAM/ DEGREE |
|-----------------|------------------------|----------------|-----------------|
| | | | |
| | | | |

HEALTH SCREEN

| DO YOU HAVE THE FOLLOWING? (indicate Yes or No) | | | | |
|---|----------|-----------|-----|------|
| TB or CXR [w/(+) PPD] | PHYSICAL | MMR-V-HEP | FLU | TDAP |
| | | | | |

REFERRAL BONUS

| NAME | LICENSE | PHONE NUMBER |
|------|---------|--------------|
| | | |
| | | |
| | | |

QUIK TRAVEL STAFFING, INC

EMPLOYMENT HISTORY

| | | | | | |
|-------------------------------|--------|-----------------|----------------------|-----------------|---------------------|
| FACILITY: | | ADDRESS: | | PHONE #: | |
| CITY: | | STATE: | POSITION: | | FULLTIME PARTIME |
| # OF BEDS: | SHIFT: | SUPERVISOR: | | PHONE #: | |
| DATES EMPLOYED (MM/DD/YY): | | TO | ELIGIBLE FOR REHIRE? | | YES NO |
| Was this a travel assignment? | | | | | |
| FACILITY: | | ADDRESS: | | PHONE #: | |
| CITY: | | STATE: | POSITION: | | FULLTIME PARTIME |
| # OF BEDS: | SHIFT: | SUPERVISOR: | | PHONE #: | |
| DATES EMPLOYED (MM/DD/YY): | | TO | ELIGIBLE FOR REHIRE? | | YES NO |
| Was this a travel assignment? | | | | | |
| FACILITY: | | ADDRESS: | | PHONE #: | |
| CITY: | | STATE: | POSITION: | | FULLTIME PARTIME |
| # OF BEDS: | SHIFT: | SUPERVISOR: | | PHONE #: | |
| DATES EMPLOYED (MM/DD/YY): | | TO | ELIGIBLE FOR REHIRE? | | YES NO |
| Was this a travel assignment? | | | | | |
| FACILITY: | | ADDRESS: | | PHONE #: | |
| CITY: | | STATE: | POSITION: | | FULLTIME PARTIME |
| # OF BEDS: | SHIFT: | SUPERVISOR: | | PHONE #: | |
| DATES EMPLOYED (MM/DD/YY): | | TO | ELIGIBLE FOR REHIRE? | | YES NO |
| Was this a travel assignment? | | | | | |

EMPLOYMENT APPLICATION AGREEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsification will be a basis for disqualification or termination of contract and reported to the State Board(s).

I authorize the investigation of all statements contained herein and the references listed above to give any and all information concerning my performance, conduct, and condition of health known to them, and I agree to hold harmless from liability for any cause, except willful falsification of data, arising from the release and use of said information, those who provide said information of those to whom this information is provided.

I understand and agree that, if hired, my employment is not for a definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

Please mail or fax this application to the following.

Quik Travel Staffing, Inc.
 175 E. Olive Ave, #405
 Burbank CA 91502
 800-554-2230
 800-554-7501 Fax