

Personal Information

Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

Social Security Number _____ Drivers License Number / State _____

Phone Number #1 _____ Phone Number #2 _____

E-mail _____ Social Media _____

Current Address _____

City _____ State/Province _____ Zip _____ Country _____

Permanent Address _____

City _____ State/Province _____ Zip _____ Country _____

In case of an emergency, contact: Name _____ Relationship _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Phone Number #1 _____ Phone Number #2 _____

Were you referred by someone? _____ If yes, whom? _____

Position

Profession: _____ Specialty: _____

Please write your name (with. Credentials) as you'd like it to appear on your Name Tag.

Name Tag: _____

Education

	Name and Location	Year Graduated	Diploma/Degree Earned
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

Credential -School and NBRC

Name on Credential _____ State _____

Number _____ Expiration Date _____

Name on Credential _____ State _____

Number _____ Expiration Date _____

Licensure

(CA Board)

Name on License _____ State _____

Number _____ Expiration Date _____

Name on License _____ State _____

Number _____ Expiration Date _____

Certifications

(BLS, ACLS, PALS, NRP) Only by The American Heart Association

Type of Certification _____ Expiration Date _____

Type of Certification _____ Expiration Date _____

Type of Certification _____ Expiration Date _____

Type of Certification _____ Expiration Date _____

Additional Background Information

Are you eligible to work in the US? Yes No

Has your license or certification ever been investigated or suspended? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Have you ever been named as a defendant in a professional liability action? Yes No

**If you have answered yes to any of the above questions, please attach a separate sheet of paper with a full explanation, including dates and current status.*

Work Preferences

Day of the week: M T W TH F S S

Shifts: DAYS EVES NOCS 8 Hrs 12 Hrs

Attestation

I attest that I am the applicant and the information I have provided in this application is true and accurate, to the best of my knowledge. I understand that any falsification or misrepresentation of facts provided by me for the purpose of obtaining employment with Health Management Solutions, Inc. (HMS) may result in disqualification for hire or termination of employment should a job offer be made. I authorize HMS to conduct a background search and to verify all my information provided. I authorize HMS to release all my provided documentation including medicals, references, etc., to be shared with clients, and auditing bodies such as governmental or licensing entities.

Applicant Name: _____

Applicant Signature: _____

Date: _____