



Elite Medical Group Staffing

EXCEEDING EXPECTATIONS DAILY

Staffing Availability

Personal Data

NAME (Last, First, Middle)	Today's Date
Present Address (Street, City, State, Zip)	Home Phone ()
Cell Phone	Fax ()
Email Address:	

Modalities List Modalities you have experience with.

Modality	Yrs. Exp.	Equipment Experience
1.		
2.		
3.		
4.		

Certifications/License

Name as it appears on your license	License	Issued By	Number (#)	Expiration
1.				
2.				
3.				

Availability

Circle the days you are available to work: (circle all that apply)

M Tu W Th F Sa Su

Circle the shifts you are willing work: (circle all that apply)

First Shift (day) Second Shift (evening) Third Shift (night)

Distance you are willing to travel each way for assignment:

Up to 50 miles 51-75 miles 75-100 100+

Date you can begin work: _____

Comments (please list any information we need to know to place you successfully):

Please send to:

Elite Medical Group Staffing
12705 Century Dr. Suite C Alpharetta, GA 30004
Fax 1-866-899-8967