



# Elite Medical Group Staffing

EXCEEDING EXPECTATIONS DAILY

## Application for Staffing

### Personal Data

|                                                                                   |                  |                                             |                        |
|-----------------------------------------------------------------------------------|------------------|---------------------------------------------|------------------------|
| NAME (Last, First, Middle)                                                        |                  | Today's Date                                | Social Security Number |
| Present Address (Street, City, State, Zip)                                        |                  |                                             | Telephone<br>( )       |
| Previous Address (Street, City, State, Zip) if less than 1 yr at present address  |                  |                                             | Telephone<br>( )       |
| Drivers License                                                                   | Expiration Date: | Emergency Contact Name/Relationship:        |                        |
| State:                                                                            |                  | Telephone ( )                               |                        |
| Any traffic convictions in the last 3 years: Y or N<br>Use separate sheet to list |                  | Address:                                    |                        |
| Have you ever been convicted of a crime? Y or N                                   |                  |                                             |                        |
| If so, when, where and disposition?                                               |                  |                                             |                        |
| Have you ever been arrested for or charged with a crime involving a child? Y or N |                  |                                             |                        |
| If so, when, where and disposition?                                               |                  |                                             |                        |
| Are you a US citizen? Y or N                                                      |                  | Are you permitted to work in the US? Y or N |                        |
| Visa Classification: _____                                                        |                  | Visa Exp. _____                             |                        |
| Passport Number: _____                                                            |                  | Alien Reg. # _____                          |                        |

### Education

Circle Last Grade Completed 8 9 10 11 12

Number of College Hours:

| Schools       | Names and Addresses of Institutions | Dates      |          | Date Graduated | Type of Degree Rcvd | Specialized Courses |
|---------------|-------------------------------------|------------|----------|----------------|---------------------|---------------------|
|               |                                     | From Mo/Yr | To Mo/Yr |                |                     |                     |
| High School   |                                     |            |          |                |                     |                     |
| College       |                                     |            |          |                |                     |                     |
| Tech Programs |                                     |            |          |                |                     |                     |

List any languages that you speak and or read proficiently: \_\_\_\_\_

**References**

List names of three professional persons to whom you are not related and with whom you have worked in the past. The period of acquaintance should be at least two years.

| First and Last Name | Address and Phone | Occupation | Yrs. Acquainted |
|---------------------|-------------------|------------|-----------------|
| 1.                  |                   |            |                 |
| 2.                  |                   |            |                 |
| 3.                  |                   |            |                 |

**Certifications/License**

| Name as it appears on your license | License | By | Number (#) | Expires |
|------------------------------------|---------|----|------------|---------|
| 1.                                 |         |    |            |         |
| 2.                                 |         |    |            |         |
| 3.                                 |         |    |            |         |

**Employment History**

List all previous work experience including military service record and any periods of unemployment. Begin with present position and work back to your first position. Attach resume, if necessary. If there were any periods of more than one month where you were self-employed or unemployed, list name and address of person(s) who can verify your activities during these periods.

| From Mo/Yr | To Mo/Yr | Employer/Supervisor Address/Phone | Salary | Job Title and Description | Specific Reason for Leaving |
|------------|----------|-----------------------------------|--------|---------------------------|-----------------------------|
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |
|            |          |                                   |        |                           |                             |

Please describe in a short paragraph your training in customer service relations and its importance to quality customer service (use separate sheet of paper if necessary).

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I understand that Elite Medical Group Staffing will conduct necessary background searches in connection with my hiring. Depending on location If assignment, searches may include but are not limited to work history, references, driving record, criminal background, social security verification, credit history, education, professional license, etc. Elite Medical Group Staffing will only disclose information necessary to contracting facilities. I authorize Elite Medical Group Staffing to conduct searches and to disclose information as necessary without liability for disclosure.

I certify that all statements made in this application are true, correct and complete, and made in good faith. I am signing this application under penalty of perjury, punishable by fine or imprisonment (US Code, Title 18, Section 1001).

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Elite Medical Group Staffing, my employment will be at-will, for an indefinite period of time, and may be terminated at anytime, with or without cause or notice, at the option of EMG Staffing or myself. I understand that I have the right to end my employment at any time and that EMS Staffing retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by a representative of Elite Medical Group Staffing.

I understand that should Elite Medical Group Staffing hire me, it is my responsibility to make my availability known to EMG Staffing. Should I fail to do so EMG Staffing will assume that I am unavailable and not assign me an assignment.

I hereby additionally authorize the hospital/facility to which I am assigned to withhold from my terminal pay an amount equal to the cost of replacing all Company Property or uniforms issued by not returned or equal to any outstanding balance of services rendered. I understand that in order to be selected for an assignment, I must agree to submit to a pre-employment physical exam and test. These shall include, but not limited to, a physical exam, X-ray, tuberculosis skin test, urinalysis, and blood test to determine the presence of contagious diseases, chemical dependency, etc. I further understand that the results of the exam and tests shall be submitted to the employer for evaluation, and must satisfy the standards set by the employer before I can be considered for employment.

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Signature of Applicant

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Date Signed

We appreciate your interest in Elite Medical Group Staffing and your time preparing this application.