

PLATINUM

HEALTHCARE STAFFING, INC.

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LEGAL CONFIDENTIAL QUESTIONNAIRE

Have you ever:

1. Been named as a defendant in a malpractice action? _____, If yes then, when? _____

And who was your employer at that time? _____

2. Has a license or certification in any jurisdiction limited, suspended, revoked or voluntarily relinquished?
_____, If yes then, when? _____, In what State? _____

3. Been licensed or practiced professionally under a different name? _____, If yes, under what
name? _____ and what State? _____

4. Been denied a license? _____, if yes, what State? _____ when? _____

What reason? _____

5. Been convicted of a misdemeanor, felony including traffic violations? _____ if yes,

When? _____ in what State? _____

What county? _____

(this includes any offense where you were found guilty, plead guilty or plead nolo contendere (no contest). You may omit : a conviction of misdemeanor while under the age of 18, if the records was sealed under the Penal code 1203.45b Any conviction specified in Health and Safety code section 11361.5 which pertains to various Marijuana offenses (a conviction will not necessarily disqualify you from consideration for employment).

6. Been arrested and are you out on bail or on your own recognizance and still awaiting trial? _____

7. Been released or discharged from employment or resigned to avoid such release or discharge? _____

If yes, please provide dates and circumstances? _____

8. Had your driver's license suspended or revoked? _____ If yes, when? _____

Please explain why? _____

My signature certifies that all information contained within my application is correct and maybe verified by Platinum Healthcare Staffing, Inc. in compliance with the California Law. It also acknowledges that I am aware that it is my responsibility to review the policy and procedure documents of each hospital /facility in which I work, prior to beginning my initial shift.

Signature _____ Date _____ Position _____

I have reviewed the applicants qualifications and skills that qualify for the position

Evaluators signature _____ Date _____