

PLATINUM

HEALTHCARE STAFFING, INC.

11949 Jefferson Blvd #103
Culver City Ca. 90230
(310)821-5888•(877)821-5888
Fax (310) 821-6888

For Office use only:

Hired _____
Position _____
Date of hire _____
Hired by _____

Confidential application for employment

(Please print)

Name (in full) _____

Address (in full) _____

Phone (day) _____ Cell phone _____ Pager _____

E-mail address _____

Social Security number _____ Drivers License # _____

State where your drivers license where issued _____

Are you a citizen of the Unites States? Yes _____ No _____ Alien ID number _____

Are you a veteran? Yes _____ No _____

Position applying for _____

Education / Professional Data

| | Name of school / location | Year graduated |
|-------------------------|---------------------------|----------------|
| High School | _____ | _____ |
| Business / trade | _____ | _____ |
| College / University | _____ | _____ |
| Graduate / professional | _____ | _____ |
| Other education | _____ | _____ |

Previous employment and references

(Give in chronological order beginning with most recent position)

Current or last employer _____

Address (in full) _____

Phone _____ Job title _____

Name of immediate supervisor _____ Salary _____

Dates worked (from and to) _____ Reason for leaving _____

Job responsibilities _____

May we contact to obtain reference? _____ yes _____ no

Prior employer _____

Address (in full) _____

Phone _____ Job title _____

Name of immediate supervisor _____ Salary _____

Job responsibilities _____

Dates worked (from and to) _____ Reason for leaving _____

May we contact to obtain reference? _____ yes _____ no

Prior employer _____

Address (in full) _____

Phone _____ Job title _____

Name of immediate supervisor _____ Salary _____

Job responsibilities _____

Dates worked (from and to) _____ Reason for leaving _____

May we contact to obtain reference? _____ yes _____ no

Personal Data and pre-employment health status

Date of birth _____ Sex _____ Marital status _____

General health status _____ Any allergies to medications? _____

Any illnesses your employer should know about? _____

Date of last physical exam _____ Date of last chest x-ray or PPD exam _____

Have you ever had chicken pox? _____ Have you had the 3 series Hepatitis B shot? _____

Have you ever had your blood drawn for Hepatitis C titer? _____

How about your MMR (Measles, Mumps and Rubella)? Vaccination _____ Titer _____

Who can we, Platinum Healthcare Staffing, Inc., notify in case of emergency? _____

Phone _____ Relationship _____

Professional License Number _____ Exp date _____

State _____ other license _____

CPR or BCLS exp. _____ ACLS exp _____

NALS exp _____ PALS exp _____ Fire Card exp. _____

MAB exp _____ PART exp _____ CPI exp _____

Are you IV Certified? _____ Other Certifications _____

How did you hear about Platinum Healthcare Staffing, Inc. _____

If friend or acquaintance – whom? _____

Job application disclaimer and acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to be hired by Platinum Healthcare Staffing, Inc., or for discharge should I be hired.

I authorize any of the persons and organizations listed on this application to give you any all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to conform to the rules and regulations of Platinum Healthcare Staffing, Inc. I acknowledge that rules maybe changed, withdrawn, added or interpreted at any time, at Platinum Healthcare Staffing, Inc. sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer of acceptance of employment withdrawn, at any time with or without cause, and with or without prior notice at the option of Platinum Healthcare Staffing, Inc. or myself. I understand that no representative of Platinum Healthcare Staffing, Inc. has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any agreement which is contrary to this agreement.

I have read and understand this agreement

Signature _____

Date _____

***Mail or fax completed application to Platinum Healthcare Staffing
11949 Jefferson Blvd #103
Culver City Ca. 90230
Fax (310) 821-6888***

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Interviewer: _____ Date _____

Work experience _____

Will not work in _____

Work related disabilities _____

Professional objectives / goals _____

Comments: _____

Reference check comments: _____
