

**MEDSTAFF SOLUTIONS, LLC**

221 Madison Street  
Manning, IA 51455  
712-790-1488

**Employment Application**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Personal Information:**

Social Security Number \_\_\_\_\_

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Current Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Position Applying For: (circle one)**

**RN    LPN    CNA    CMA    CARE TAKER    OFFICE STAFF**

Date available to start: \_\_\_\_\_

**Shift Preference: (circle all that apply)**

8 hour shifts   12 hour shifts   Days   Evenings   Nights   Weekends   Holidays

Can you perform the physical requirements without accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

Only United States Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? YES \_\_\_ NO \_\_\_

Do you have reliable transportation? YES \_\_\_\_\_ NO \_\_\_\_\_ Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have an insured vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you ever had any felony charges, convictions, or confinements?**

YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Felony: \_\_\_\_\_

Details: \_\_\_\_\_

Have you had any misdemeanor charges, conviction, or confinements? YES \_\_\_\_\_ NO \_\_\_\_\_

Dates of Misdemeanors \_\_\_\_\_ Details: \_\_\_\_\_

**EDUCATION HISTORY:**

High School/ Vocational Technical School/ College and/or University	Location	Year Graduated	Degree

**CERTIFICATIONS:**

Please circle which certifications/credentials you have that are current. Please include copies of all certifications with your application submission.

BLS Exp date: \_\_\_\_\_ Mandatory Reporter Exp Date: \_\_\_\_\_  
ACLS Exp date: \_\_\_\_\_  
PALS Exp date: \_\_\_\_\_  
NRP Exp date: \_\_\_\_\_  
Nursing License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
CNA Certificate Number: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Years known: \_\_\_\_\_

**EMPLOYMENT:**

Please begin with the most current

Company: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Permission to contact \_\_\_\_\_

Hourly wage \_\_\_\_\_

Company: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Permission to contact \_\_\_\_\_

Hourly wage \_\_\_\_\_

Company: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Permission to contact \_\_\_\_\_

Hourly wage \_\_\_\_\_

Company: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Permission to contact \_\_\_\_\_

Hourly wage \_\_\_\_\_

## **STATEMENT OF TRUTH**

**I understand that this document entitled “Employment Application” is a legal professional document and all statements made on it must be true and accurate without omission. Falsifying any statements on this document is an offense that is reportable to the appropriate state board. I certify that I am to be, to the best of my knowledge, in good physical and mental health and able to carry out the duties of the position for which I am applying and that I can carry out these duties without endangering myself or those for whom I provide professional healthcare services.**

**I authorize MedStaff Solutions to investigate my previous employment history, criminal background, and to contact the references listed on this application. I certify that all statements made on this document are truthful and without intent to misrepresent my abilities to perform my job as a healthcare professional.**

**I agree to submit to alcohol and/or drug screening tests if requested of me, at any time prior to or during my employment in accordance with applicable law. I further understand and consent to the results of said tests being communicated to the company.**

**Employee Signature \_\_\_\_\_ Date \_\_\_\_\_**

**MedStaff Solutions Signature \_\_\_\_\_**

**Date \_\_\_\_\_**