



Island Temporary Nursing
 1314 South King St., Suite 622, Honolulu, Hi 96814

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION for EMPLOYMENT

PLEASE PRINT

Date of application: _____ Position applied for: _____

Referral sources: Advertisement Employee Relative
 Website Walk-in Other _____

Name: _____ Email address: _____
 Last First Middle

Address: _____
 Street City State Zip Code

Phone Number: _____ Mobile/ Beeper/ Other: _____

May we contact you at work? Yes No

If yes, what is your work number and what is the best time to call? _____

Emergency contact name: _____ Relationship: _____ Contact number: _____

Emergency contact address: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____

Type of employment desired: Full-time Part-time Temporary Seasonal

Willing to relocate: Yes No Willing to travel: Yes No Willing to work overtime: Yes No

Please explain if you cannot work overtime: _____

REFERENCES

List name and telephone number of three business/work references who are NOT related to you. At least one should be a previous supervisor. If not applicable, list school or personal references who are NOT related to you.

	NAME	TELEPHONE NUMBER	# OF YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

EMPLOYMENT HISTORY

Provide the following information on your past and current work experiences. You may include volunteer activities. Please start with most recent.

1. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Job Description: _____
May we contact for reference? Yes No If not, why? _____

2. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Job Description: _____
May we contact for reference? Yes No If not, why? _____

3. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Job Description: _____
May we contact for reference? Yes No If not, why? _____

4. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Job Description: _____
May we contact for reference? Yes No If not, why? _____

5. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Job Description: _____
May we contact for reference? Yes No If not, why? _____

Please explain any gaps in employment history: _____

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with most recent.

	SCHOOL	DEGREE DIPLOMA	MAJOR	MINOR	GPA	YEAR GRADUATED
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Summarize any special training, skills, licenses, certifications that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

OTHER QUALIFICATIONS – LICENSES AND CERTIFICATIONS

Please indicate the type, registration number, and the State or other licensing authority. If proof or evidence is required as indicated in the vacancy announcement, please submit a copy or present for verification.

PROFESSIONAL LICENSE:		OTHER LICENSE OR CERTIFICATION:	
Identification#:		Identification #:	
Expiration Date:		Expiration Date:	
Type:		Type:	
OTHER LICENSE OR CERTIFICATION:		OTHER LICENSE OR CERTIFICATION:	
Identification #:		Identification #:	
Expiration Date:		Expiration Date:	
Type:		Type:	

HEALTHCARE EXPERIENCE

Please circle each area in which you have experience and indicate the number of years of experience.

Acute Care	Adult Medical	years	Adult Surgical	years	Adult Psych	years
Specialty Care	ICU	years	CCU	years	Telemetry	years
	OB/GYN	years	L & D	years	Postpartum	years
	Nursery	years	NICU	years	Pediatrics	years
	PICU	years		years		years
Other	OR	years	PACU	years	Dialysis	years
	Radiology	years		years		years
Long Term Care	Rehab	years	SNF	years	ICF	years
Outpatient	Medical Clinics	years	Home Care	years	Private Duty	years
	Urgent Care	years		years		years

LIST ANY ADDITIONAL JOB RELATED INFORMATION YOU WOULD LIKE US TO CONSIDER

List professional, trade, business, or civic associations and any offices held. Please exclude memberships that would reveal race, ancestry, color, religion, sex, sex orientation, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve status, marital status, arrest and court record, credit history, genetic information, status as a domestic or sexual violence victim if notice is given to us or we have actual knowledge of such status or any other similarly protected status.

ORGANIZATION

OFFICES HELD

YEARS OF MEMBERSHIP

- 1. _____
- 2. _____
- 3. _____

List all special accomplishments, publications, awards, etc. Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve National Guard or any other similarly protected status.

- 1. _____
- 2. _____
- 3. _____

List any additional information you would like us to consider: _____

APPLICANT'S STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide original documents establishing my identity and authorization to work in the United States and that federal immigration laws require me to complete the U.S. Citizenship and Immigration Service's Form I-9.

State and Federal abuse/criminal history record checks and other checks required by employer to comply with various governmental programs will be conducted and any offer of employment and continued employment will be contingent on the satisfactory return of these checks. Also, the company promotes a drug free workplace and drug screening is required.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.
 I certify that I read, fully understand, and accept all terms of the foregoing Applicant's Statement.

Signature of applicant: _____ Date: _____