

CERTIFICATION OF INFORMATION

Application must be signed and dated to be valid. Please read carefully, sign and date at the bottom.

- I understand that my filling out this application does not imply any promise of my employment with Wise Medical Staffing, Inc. I further understand that if I am employed, my employment will be at will, and, I may leave employment or the company may terminate my employment at any time, for any reason, or for no reason.
- I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
- In consideration of y employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period time, or to make any agreement contrary to the foregoing.
- I understand it is my sole responsibility to notify Wise Medical Staffing, Inc. if my assignment should end and to continue checking back with Wise Medical Staffing, Inc. to be re-assigned.
- I understand I may request accommodation if I am currently disabled or become disabled.
- I authorize Wise Medical Staffing, Inc. to investigate my previous employment and to make such other investigations as may be deemed necessary. I release Wise Medical Staffing, Inc. and my current and previous employers from all liability resulting from such information.
- I understand my application will be actively considered for a period of ninety (90) days. If I still desire a position with my company after this application expires, it will be my responsibility to fill out a new application and file it with the company.
- I understand it is my sold responsibility to immediately report any work related accidents at Wise Medical Staffing, Inc. and to my immediate supervisor.
- I understand I may be called upon to undergo a drug and / or alcohol screen at any time during y employment with Wise Medical Staffing, Inc. Failure to submit to a drug and / or alcohol screen will result in my immediate termination.

Signature _____

Date _____

SPECIALTIES AND UNIT EXPERIENCE

Following are Nursing Specialties, and Unit Experience possibilities within each of those specialties. Please identify the unit experience (s) you have had within the last two years by placing the amount of time (in months) you have worked in each of those units. In addition, identify the unit (s) you have had previous experience and to which you would be qualified to float by placing a check in the Float column next to the unit name. *Greater flexibility with Float experiences translates into more opportunities for staffing assignments.*

Critical Care – Adult		Medical Surgical – Adult (cont)	
Time (Months)	Float - v	Time (Months)	Float - v
	Bone Marrow Transplant ICU		Pulmonary Unit a
	Burn ICU		Radiology Services
	Cardiac ICU		Rehabilitation Unit
	Cardiothoracic ICU		Skilled Nursing Unit
	Cardiovascular ICU		Medical Surgical – Pediatric
	Emergency Room		General Peds Unit
	Medical ICU		Oncology Unit
	Neuro ICU		Home Health
	Neurosurgical ICU		Hospice Unit
	Transplant ICU		Rehabilitation Unit
	Trauma ICU		Other
	Surgical ICU		Perioperative
	Critical Care – Pediatric		Pre-op Holding/Monitor
	Burn ICU – Peds		Operating Room
	Cardiac Catheterization Lab		Cardiovascular OR
	Emergency Room – Peds		Cystoscopy Suite
	Pediatric ICU		ENT/Ophthalmology OR
	Pediatric – Transplant ICU		General Surgery OR
	Other		Neurosurgical OR
	Intermediate Care – Adult		Orthopedic OR
	Cardiac SD/Telemetry		Transplant OR
	Endoscopy Lab		PACU/RR
	Surgical Step-down Unit		Same Day Surgery
	Intermediate Care – Pediatric		Perinatal
	Pediatric Step-down Unit		Antepartum Unit
	Other		Labor Delivery
	Medical Surgical – Adult		High Risk L&D
	Admitting/Observation Unit		LDRP
	Diabetic Unit		Mother Baby Unit
	Gastrointestinal Unit		NICU, Level 2
	General Surgery Unit		NICU, Level 3
	Genitourinary Unit		Newborn Nursery
	Geriatric Unit		Postpartum Unit
	Gynecology Unit		Other
	Hematology Unit		Psychiatry – Adult
	Hemodialysis Unit		General Psychiatric Unit
	Home Health		Chemical Dependency
	Hospice Unit		Dual Diagnosis Unit
	Med Surg Unit		Locked Psychiatric Unit
	Renal Unit		Other
	Neurology Unit		Psychiatry – Pediatrics
	Oncology Unit		Adolescent Psychiatric
	Orthopedic Unit		Dual Diagnosis Unit
	Outpatient Unit		Pediatric Psychiatric Unit
			Other

Do you have one year of acute care experience in the past two years? ___ Yes ___ No

Would you like to be considered for a U.S. Nursing assignment where a labor dispute may exist? ___ Yes ___ No

Wise Medical Staffing, Inc.

Fax: _____

PROFESSIONAL REFERENCE CHECK

(Please have your reference fill out form completed before returning to Wise Medical Staffing, Inc.)

I authorize _____
(Name of Nurse Manager, Nurse Director, or Medical Director)

from _____
(Facility Name and Address)

to release information about me for the purpose of supplying a reference check.

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE (Office Use Only)

PERFORMANCE EVALUATION

Dear _____ (Name of Reference)

(Name of Nurse) _____ has applied for a nursing position with Wise Medical Staffing, Inc. and has given your name as a professional reference.

We would appreciate it if you would evaluate the applicant's past performance and make any additional comments you feel might assist us in making our decision in hiring this nurse. Your comments will be kept in strict confidence.

Date of Employment: From: _____ To: _____

	Greatly Exceeds Standards	Exceeds Standards	Meets Standards	Does Not Meet Standards
Competency/Skills				
Reliability/Dependability				
Cooperation/Attitude				
Work/Patient Relations				
Adaptability/Flexibility				
Attendance				

Reason this nurse left your employ: Terminated _____ Lay Off _____
Resigned _____ Temporary _____

Comments (Please continue on back if necessary) _____

Would you hire this nurse again? _____ Yes _____ No Part Time _____ Full Time _____

Signature of Evaluator _____ Title: _____ Phone #: _____

May we call you if we need further information? _____ Yes (____) _____ No

Wise Medical Staffing, Inc.

Fax: _____

PROFESSIONAL REFERENCE CHECK

(Please have your reference fill out form completed before returning to Wise Medical Staffing, Inc.)

I authorize _____
(Name of Nurse Manager, Nurse Director, or Medical Director)

from _____
(Facility Name and Address)

to release information about me for the purpose of supplying a reference check.

Applicant Signature _____ Date _____

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PERFORMANCE EVALUATION

Dear _____ (Name of Reference)

(Name of Nurse) _____ has applied for a nursing position with Wise Medical Staffing, Inc. and has given your name as a professional reference.

We would appreciate it if you would evaluate the applicant's past performance and make any additional comments you feel might assist us in making our decision in hiring this nurse. Your comments will be kept in strict confidence.

Date of Employment: From: _____ To: _____

	Greatly Exceeds Standards	Exceeds Standards	Meets Standards	Does Not Meet Standards
Competency/Skills				
Reliability/Dependability				
Cooperation/Attitude				
Work/Patient Relations				
Adaptability/Flexibility				
Attendance				

Reason this nurse left your employ: Terminated _____ Lay Off _____
Resigned _____ Temporary _____

Comments (Please continue on back if necessary) _____

Would you hire this nurse again? _____ Yes _____ No _____ Part Time _____ Full Time _____

Signature of Evaluator _____ Title: _____ Phone #: _____

May we call you if we need further information? _____ Yes (____) _____ No

Wise Medical Staffing, Inc.

Verification of Conditional Job Offer and Essential Job Functions

Print Name: _____ SS# _____

As you know, we are a staffing service that provides assignments for qualified individuals. Assignments may last a day. Assignments may last a month. Assignments may be part time or full time. We sometimes have jobs available very quickly, or it may take a month for us to locate an assignment for which you are qualified. Sometimes we never have positions available for some applicants. However, you seem to have the qualifications, skills and experience for which we are looking. Therefore, we would like to put you an assignment contingent on additional orientation, reference checks, and/or your ability to do the essential functions of the job.

By completing and signing this form, I am verifying that I have been presented with a conditional job offer, based on the qualifications stated on my application form and in the job interview. I understand that I have been offered a job with your organization conditional upon completing this form and the essential job functions worksheet, and upon successful review of my former employment references and background check. I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form, the essential job functions worksheet, or any other employment related form is grounds for withdrawal of the conditional job offer, or if assigned to job, termination of employment. I further understand that this information is considered personal and medical in nature and will be treated as such by handling it confidentially in strict compliance with the American Disability Act.

1. Do you currently have any medical restrictions that would prevent you from performing the duties of this position with or without reasonable accommodations?

Yes No If yes, please explain _____

2. Do you have any medical conditions requiring special care of which we should be aware of?
(i.e. diabetes, seizures, etc.)

Yes No If yes, please explain _____

3. Are you currently taking any prescription medications? Yes No

If yes, would taking this medication affect your ability to perform the duties of this position safely and effectively?

Yes No If yes, please explain _____

4. Have you ever had any serious wrist and/or hand problems, including carpal tunnel syndrome?

Yes No If yes, please explain _____

5. Have you ever had any serious back, neck, shoulder and/or knee problems that would affect your ability to perform the duties of this position with or without reasonable accommodations?

Yes No If yes, please explain _____

6. Can you interact in a cooperative manner with your coworkers, supervisors and outside public?

Yes No

7. Can you consistently be punctual and report to your job assignments on a regular basis?

Yes No

8. Are you able to work in an honest and forthright manner in any type of work environment?

Yes No

PRE-COMPETENCY ASSESSMENT

POSITION: MEDICAL STAFF

To perform this job successfully, an individual must meet or be able to perform each essential qualification and duty satisfactorily. These bona fide physical requirements are essential functions of the job and are in addition to the skills, certification, years of experience or other qualifications required to perform the job for which you have applied. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

YES	NO	
_____	_____	able to read/write and perform moderately complex mathematical computations (drug dosages)
_____	_____	vision ability sufficient to read, see near/far, depth perception, peripheral vision and color vision
_____	_____	able to communicate interpersonally (hear/speak) and via telephone
_____	_____	able to stand for 75% of each shift
_____	_____	able to walk 50% of each shift
_____	_____	able to assist in lifting patients and equipment approximately 300 lbs.
_____	_____	able to push carts and beds (on wheels) weighing up to 350 lbs.
_____	_____	able to reach/pull 4 hours per shift
_____	_____	able to kneel to administer CPR in emergency situations
_____	_____	able to manipulate objects, tools and equipment
_____	_____	exposure to moderate and extreme heat – occasionally
_____	_____	exposure to moderate and extreme cold – occasionally
_____	_____	exposure to body fluids
_____	_____	exposure to chemicals (chemotherapy drugs)
_____	_____	exposure to various contagious disease
_____	_____	exposure to odors (medications, patient care activities) frequent
_____	_____	understand hazardous communications and safety information

Applicant Signature/Employee

Date

Personnel Representative

Date

Misrepresentation as to pre-existing physical or mental conditions may void your worker's compensation benefits.

Signature of Employee _____ Date _____