

Application for Pro-Med Staffing

Street Address:

City, State Zip:

Phone Number:

Cell Phone Number:

Email:

Fax:

Emergency Contact:

Emergency Contact Phone:

Please tell us about the assignment you would like us to find for you.

Please circle one:            I prefer to work day shifts            I prefer to work night shifts

My ideal start date is:            Month:            Day:            Year:

Days I would like off:

I would like to consider working at the following hospitals:

In order of preference, I have experience in and would like to consider working in these specialties:

Populations Served (Please Circle):

Neonatal            Pediatric            Adolescent            Adult            Geriatric

PLEASE PROVIDE COPIES of current nursing license and all certifications.

School, Degree, Date of Graduation:

Arizona RN License Number:            Expires:

CPR Certification Expires:            ACLS Certification Expires:

Other Certification(s):            Other Certification(s) Expires:

Testing/Certifications for Med/Surg and ICU/CCU (Please List)

JCAHO/OSHA Safety & Standards Quiz (date completed):

Signature

Date