

EMPLOYMENT PROFILE

Applicants Name: _____

Complete for any positions you have held for the past five (5) years. It is NurseRx's policy to verify and reference the employment history of each applicant. The contacts listed may be contacted for employment verification or references

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

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Please document reasons for periods you were not employed.

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions. The Company may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities; and send me employment opportunity-related information at fax numbers or email addresses that I provide. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company. I agree, in consideration of your employing me, that I will not seek or accept employment, either directly or indirectly in any capacity from any client of NurseRx's to whom I have been assigned, until I have sought and obtained written approval from branch management. I also agree that I will not solicit these clients on my behalf, nor on the behalf of any future employer(s).

Signature: _____ Date: _____