



Field Staff Employment Application

Is Resume Attached? Yes NO Are Completed Reference Requests Attached? Yes No

PERSONAL INFORMATION

Name: _____ **SS #:** _____

Street Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Home Phone: _____ Cell Phone: _____ Pager #: _____

Work Phone: _____ E-Mail: _____

WEB Site: _____ Referred By: _____

Valid Drivers License.? Y / N Current Auto insurance: Y / N

Applying For: Full Time Part-Time Temporary Permanent Contract

Geographical Preference: (Check All That Apply) Chicago Cook County DuPage County Kendall County
 Will County Kankakee County Lake County McHenry County Kenosha County Wisconsin Indiana Other

EDUCATION (If Resume is Attached, Check Here and Skip the EDUCATION Section)

MAJOR

High School _____ Diploma: Y / N YR. Grad. _____

Assoc. Degree: _____ Degree: _____ YR. Grad. _____

Undergrad: _____ Degree: _____ YR. Grad: _____

Graduate: _____ Degree: _____ YR. Grad: _____

Post Grad.: _____ Degree: _____ YR. Grad: _____

LICENSURE / CERTIFICATION

Type: _____ State: ___ NO: _____ EXP Date: _____

Type: _____ State: ___ NO: _____ EXP Date: _____

Type: _____ State: ___ NO: _____ EXP Date: _____

Type: _____ State: ___ NO: _____ EXP Date: _____

MEMBERSHIPS

State Assn: _____ EXP Date: _____

NAT. Assn: _____ EXP Date: _____

Other: _____ EXP Date: _____

Additional Training/Coursework: _____

EMPLOYMENT HISTORY (If Resume is Attached, Check Here and Skip the EMPLOYMENT HISTORY Section)

Current Employer: _____

Date Started: _____

Position: _____ Salary: _____

Supervisor: _____ Phone: _____

Address: _____

City/ State/ ZIP: _____

May we contact ?: _____

Previous Employer: _____

Date Started: _____

Position: _____ Salary: _____

Supervisor: _____ Phone: _____

Address: _____

City/ State/ ZIP: _____

May we contact ?: _____



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Employment Application Continued:

In Case of Emergency, Please Contact:

Telephone: _____ Relationship _____

- PLEASE COMPLETE **TWO REFERENCE REQUEST FORMS** AND ATTACH TO THIS APPLICATION.
- PLEASE ATTACH A COPY OF YOUR **CURRENT RESUME** TO THIS APPLICATION.

How did you hear about ***Comprehensive Medical Staffing?***

Statement of Equal Opportunity, Corporate Policy, and Employment Guidelines

I understand that any false statements or material omissions made as a part of this application will disqualify me from further consideration for employment and, if discovered later, will be grounds for discharge. I also understand that any offer of employment is contingent upon the results of a pre-employment medical examination, drug screen, criminal background check and reference check. I authorize my former employers to release all information concerning my employment, and I further authorize the release of any such information during or after my employment without prior notification.

I consent to any and all medical examinations and drug screenings and background checks by Comprehensive Medical Staffing. I understand that all results of such examinations / screens / checks are the property of Comprehensive Medical Staffing, and they remain confidential.

Comprehensive Medical Staffing does not discriminate in hiring or employment on the basis of sex, race, color, marital status, religion, sexual orientation, national origin, age, disability, military status, or any other protected category. No questions on this application are intended to secure information to be used for such discrimination.

I understand that if I am employed by Comprehensive Medical Staffing, my employment is "at will" and may be terminated by me or by Comprehensive Medical Staffing and/or Comprehensive Medical Staffing at any time with or without cause, for any reason or no reason. No one other than the president of Comprehensive Medical Staffing has the authority to enter into an agreement contrary to the foregoing and any such agreement must be in writing and signed by both the president or divisional director and me. I understand that should my employment with Comprehensive Medical Staffing or any its divisions be terminated for any reason, I am prohibited from working for any Comprehensive Medical Staffing business clients for a period of one year after such termination. The term business client refers to any business entity from which Comprehensive Medical Staffing collects a fee.

Applicant Name: (Print) _____ **Date:** _____

Signature