

Step 1: Initial Employment Application

Fax the completed application to 888.201.6674 or email to your recruiter or to Msg@MsgStaffing.com.

| | | | | | |
|---|--|--|--|--|------------------|
| Contact Information | | Referral Source: How were you referred to us? <input type="checkbox"/> Google <input type="checkbox"/> Indeed <input type="checkbox"/> Ask.com <input type="checkbox"/> DET <input type="checkbox"/> News Paper <input type="checkbox"/> Yahoo <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____ | | | |
| Last Name | | First | | Middle | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Home Phone | | Cell Phone | | Do you have MSG's Recruiter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list Recruiter's name: _____ | |
| E-mail Address | | | | Social Security # (Voluntary): | |
| Type of position applying for (circle all that apply): <input type="checkbox"/> 4 wk <input type="checkbox"/> 8 wk <input type="checkbox"/> 13 wk <input type="checkbox"/> Per Diem <input type="checkbox"/> Other | | | | Shift Preferred: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Other | |
| Emergency Contact (not spouse): | | | | Phone: | |
| Primary Language: _____, Second Language: _____, Other Language: _____ | | | | | |
| Education Information | | Attended From / To | | Graduated? | Degree / Title |
| Name of School | | | | | Major / Subjects |
| H.S. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Professional References: Please list three individuals who have knowledge of your work, personal abilities and character. (No Former Employers or Relatives)

| Name | Title / | Known how long? | Home Phone | Work Phone | Permission to call? |
|------|---------|-----------------|------------|------------|---|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

LICENSURE INFORMATION

| State | Expiration Date | State | Expiration Date |
|------------------|-----------------|-------------------------|-----------------|
| 1. MA License #: | | 2. Other State License: | |

CERTIFICATION INFORMATION (Please include a copy of each)

| Type | Type | Type | Nursing Skill Checklist to be Completed | | | |
|------------------------------------|--------------------------------|---------------------------------|---|--------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> BCLS/CPR | <input type="checkbox"/> CEN | <input type="checkbox"/> ENCP | <input type="checkbox"/> MED-SURG | <input type="checkbox"/> OR | <input type="checkbox"/> PEDIACTRIC | <input type="checkbox"/> CASE MANAGER |
| <input type="checkbox"/> PALS | <input type="checkbox"/> CNOR | <input type="checkbox"/> TNCC | <input type="checkbox"/> ER | <input type="checkbox"/> L & D | <input type="checkbox"/> HOSPICE | <input type="checkbox"/> TELEMETRY |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> CCRN | <input type="checkbox"/> Other: | <input type="checkbox"/> ICU/CCU | <input type="checkbox"/> PICU | <input type="checkbox"/> ONCOLOGY | <input type="checkbox"/> ENDOSCOPY |
| <input type="checkbox"/> NALS/ NRP | <input type="checkbox"/> CHEMO | <input type="checkbox"/> Other: | <input type="checkbox"/> DIALYSIS | <input type="checkbox"/> PACU | <input type="checkbox"/> NICU | <input type="checkbox"/> |

Name: _____

Work Experience: List in order from most recent. Complete this page even if you have attached resume

Employer _____ City _____ State _____
 ____ / ____ / ____ - ____ / ____ / ____ Present _____ Annually Hourly
 From To Title Salary
 Description of duties: _____

Immediate Supervisor: _____ Phone _____ May We Contact?
 Yes No
 Reason for Leaving: _____

Employer _____ City _____ State _____
 ____ / ____ / ____ - ____ / ____ / ____ Present _____ Annually Hourly
 From To Title Salary
 Description of duties: _____

Immediate Supervisor: _____ Phone _____ May We Contact?
 Yes No
 Reason for Leaving: _____

Employer _____ City _____ State _____
 ____ / ____ / ____ - ____ / ____ / ____ Present _____ Annually Hourly
 From To Title Salary
 Description of duties: _____

Immediate Supervisor: _____ Phone _____ May We Contact?
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Employer _____ City _____ State _____
 ____ / ____ / ____ - ____ / ____ / ____ Present _____ Annually Hourly
 From To Title Salary
 Description of duties: _____

Immediate Supervisor: _____ Phone _____ May We Contact?
 Yes No
 Reason for Leaving: _____

Name: _____

Reference Check 1

| | | | |
|--------------------------|-------|---------------|--------------------------------|
| Applicant Name | | Position Held | |
| Current/Former Employer | | Phone # | Dates of Employment / / - / |
| Complete Mailing Address | | City | State Zip |
| Supervisor's Name | Title | Phone | Email |

I hereby give permission to the above named employer to release information to Medical Staffing Group, Inc. regarding my performance while employed at this facility.

Applicant's Signature _____ Date _____

Employer

The person above is registered with Medical Staffing Group and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is confidential.

Is this employee eligible for rehire? Yes No

| Personal Evaluation | Above Average | Satisfactory | Unsatisfactory |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Clinical Competency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance and Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Employer's Signature _____ Date _____

YES

I am interested in finding out how Medical Staffing Group, Inc can help staff my facility. Please send information regarding Medical Staffing Group, Inc comprehensive list of services.

Name: _____ Tel: _____ Fax: _____

Title: _____ Email: _____

Name: _____

Reference Check 2

| | | | |
|--------------------------|---------------|---------|-------|
| Applicant Name | Position Held | | |
| Current/Former Employer | Phone # | / / - / | |
| Complete Mailing Address | City | State | Zip |
| Supervisor's Name | Title | Phone | Email |

I hereby give permission to the above named employer to release information to Medical Staffing Group, Inc. regarding my performance while employed at this facility.

Applicant's Signature _____ Date _____

Employer

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| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance and Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Employer's Signature _____ Date _____

YES

I am interested in finding out how Medical Staffing Group, Inc can help staff my facility. Please send information regarding Medical Staffing Group, Inc comprehensive list of services.

Name: _____ Tel: _____ Fax: _____

Title: _____ Email: _____

Name: _____

Visa Information

Please note that as required by the immigration reform and control act of 1986, **you cannot be employed** unless you can produce work authorization and identity documents as specified by the law. If you cannot provide proper documentation, you should discuss this with your recruiter immediately.

Yes

No

- Have you ever had disciplinary action taken against your license? Yes No
 - If yes, please explain: _____
- *Do you accept as a condition of employment, you may be required to take and pass a drug and/or alcohol screen where permitted by applicable law under circumstances such as pre-employment where required by our CLIENTS or for the nature of the services provided; after accidents causing injury; and as legally permitted or necessary for the rendering of health care services.* Yes No
 - If No, please explain: _____
- Do you have any commitments to another employer that might affect your employment? Yes No
- Does your present employer know you are considering leaving? Yes No
- Are there any employers who might not rehire you? Yes No
 - If yes, please explain: _____

Authorization

I hereby certify that the information submitted on this application is accurate. I understand that this application is not a contract for employment with MSG for either employment or for providing of any benefit. Any offers of employment are made conditional upon the verification of information provided through this application and a supplemental inquiry. I understand that any falsification on this initial or supplemental application will result in disqualification for employment or termination of services. I understand that as a requirement of employment with MSG, verification of education, including any degrees or certification programs and state licensure as well as criminal background screen are required for all applicants to MSG. I hereby authorize all previous educational institutions, certification programs, and state licensing facilities to release my information to MSG. I understand that some client facilities may require drug screening and that my Recruitment Specialist will inform me of these requirements before I accept an assignment at one of these facilities. I hereby authorize my current and previous employers to release information regarding my work performance to MSG. Upon termination, I authorize the release of reference information regarding my work performance. I release all such employers from any liability for issuing this information to MSG. I understand and agree that if I am offered employment by MSG, it will be on an at-will basis. This means that either MSG or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. I understand MSG is a temporary agency, and as such MSG cannot promise the availability of requested work unless different contract signed. I agree to conform to all rules and regulations of MSG as they presently exist or are later modified.

I understand that I am not required to provide my social security number. I understand that if I choose to provide my social security number, it will be used in connection with the background checks described above, including verification of my state licensure. I authorize MSG to release any employment records, including health records and my social security number (if provided) submitted to MSG to any client of MSG for consideration of employment at customer facility. I understand that MSG is not responsible for any actions or omissions of its clients, including without limitation any misuse of my personal information by such clients, or any failure by such clients to protect and keep confidential my personal information. I hereby release MSG from any and all liability arising out of such clients' use or possession of my personal information.

Signature: _____ **Date:** _____ I agree I do not agree to these terms

Medical Staffing Group is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Name: _____

Our mission is to provide staffing services to our clients in a manner that is fast but still maintains an outstanding level of quality. In order to accomplish this, we utilize different types of technology on a daily basis. These technologies include, but are not limited to: text messages, newsletters, and automated voice recordings. The nature of many of our job opportunities are last-minute, so in order to make sure you receive notification in the most timely fashion possible, please select the method of contact you prefer:

Click here if you would like to receive our email newsletter

Click here if you would like to receive our daily open needs via email and/or text message

Click here if you would like to receive our daily open needs via automated voice calling