



INTERSTAFF, INC.
A full service staffing provider

800-599-4988-phone
800-528-6229-fax

APPLICATION

CLASSIFICATION: _____

DATE AVAILABLE: _____

Name: _____
Last First Middle/Maiden

Social Security Number: _____ Date of Birth: _____

Present Address: _____
Street City State Zip Code

Present Phone Number: () _____ Work: () _____

Cell Phone Number: () _____ E-Mail address: _____

Permanent Address: _____
Street City State Zip Code

Permanent Phone Number: () _____ Work: () _____

1st Shift Preference: _____ 2nd Shift Preference: _____
8 or 12 hour shifts
Day, Evening or Night shifts

1st Specialty: _____ Years Exp: _____ 2nd Specialty: _____ Years Exp: _____

3rd Specialty: _____ Years Exp: _____ 4th Specialty: _____ Years Exp: _____

City or State Preferences: _____

PROFESSIONAL INFORMATION:

List all states that you are currently licensed in.

STATE	LICENSE #	EXP DATE	STATE	LICENSE	EXP DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any inactive licenses you may have _____

Current Driver's License # _____ State _____ Date issued _____ Exp Date _____

US Citizen YES _____ NO _____ If no, please attach proof of status.

Has your professional license ever been suspended, revoked or investigated? YES _____ NO _____
If yes, please attach an explanation.

Have you ever been convicted of a felony? YES _____ NO _____
If yes, please attach an explanation.

CERTIFICATIONS:

CPR (BLS) Exp Date: _____ NRP Exp Date: _____

ACLS Exp Date: _____ TNCC Exp Date: _____

PALS Exp Date: _____ CEN Exp Date: _____

List any other Specialty Certifications/Courses and Expiration Date

EDUCATIONAL BACKGROUND:

Name of School: _____

Address of School: _____
street city state zip

Phone number to school: _____

Degree Obtained: _____

Date of Graduation: _____

PROFESSIONAL REFERENCES:

Name	Address	Occupation	Years Acquainted	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____
