

1243 Mineral Spring Ave, Suite 208 North Providence, RI 02904

T 401 724 6300 F 401 724 7900

Call us toll free 877 950 6300

_	ancestry, marital status, age, PN □ CNA □	sexual orientation or handicap. $\mathbf{CMT}\square$	Date		
Position Shift License # Issuing State Other Licenses Application For Employment		Shift 7-3	□ Weekday □ Weekend □	Full- time □ Per Diem □	
Last Name First		First	Middle II	nitial	
Address		City/Town	State	Zip	
Telephone # Alt #		Alt#	E-Mail :		
Who may we contact in case of an emergency ?			Telephone Number?		
Are you 18 years of	age or older ?		Yes No		
Do you have the leg	al right to work in the United	States ?	Yes □ No □		
Have you previously	been employed by MAS Me	dical Staffing?	Yes □ No □		
How did you hear of ∆ Newspaper Ad □	MAS Medical Staffing? Other Publication □ Phone	ne Book MAS Employee	□ Website □		
Med/Surg	OB/GYN	Corp./Occup.	Hospital		
Peds	L&D	Long-term Care	Nursing Ho	me	
Psych	Geriatrics	QA	School Nurs	se	
ICU/CCU	Orthopedics	Ambulatory	HIV/Aids		
ER	Oncology	Case Mgmt.	Methadone		
OR	Administration	Rehabilitation			
Has your license(in a Have you ever been You may omit: (1) any c	any state) ever been on a procession of a crime or are sharges that were dismissed or resulte	contly under investigation by Propositionary status, revoked or you now under charges for any d in aquittal; (2) any conviction that have nile delinquency proceeding; and (4)	suspended? Yes No offense against the Law? Yes been set aside, vacated, annulled, ex	Ps No	

Employment History

Please list your employment history for the last 10 years or your last four employers starting with your present or most current employment.

Month/Year	Name and Address of Employer	Supervisor	
From	Name	Name	
То	Address	Title	
Salary	City/State	Telephone	
Position/Title		FT \Box PT \Box Per Diem \Box	
Job Description			
Reason for leaving			
	If present employer may we contact	? YES 🗆 NO 🗆	
Month/Year	Name and Address of Employer	Supervisor	
From	Name	Name	
To	Address	Title	
Salary	City/State	Telephone	
Position/Title		FT \square PT \square Per Diem \square	
Reason for leaving			
	If present employer may we contact	?YES□ NO□	
Month/Year	Name and Address of Employer	Supervisor	
From	Name	Name	
То	Address	Title	
Salary	City/State	Telephone	
Position/Title		FT \square PT \square Per Diem \square	
Job Description			
Reason for leaving			
	If present employer may we contact	? YES □ NO □	
Month/Year	Name and Address of Employer	Supervisor	
From	Name	Name	
То	Address	Title	
Salary	City/State		
Position/Title		FT □ PT □ Per Diem □	
Job Description			

Please read the following information carefully before signing

I certify that the information contained in this application is correct to the best of my knowledge and I understand any falsification, misrepresentation or omissions on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give *MAS Medical Staffing* any and all information concerning my previous employment, education or any other information they may have, with regard to any of the subjects covered by this application and release all such parties and *MAS Medical Staffing* from all liability from any damage that may result from furnishing such information. I authorize *MAS Medical Staffing* to request and receive such information.

If employed, I understand that I will be an employee "at will" and either *MAS Medical Staffing* or I may terminate my employment at any time with or without notice for any reason not in violation of the law.

I agree to comply with *MAS Medical Staffing* rules ,regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted or supplemented any time, and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of *MAS Medical Staffing* or myself. I understand no representative of *MAS Medical Staffing* other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I become employed, or to assure any benefits or terms and conditions of the employment, or make an agreement contrary to the foregoing.

I agree to have a post offer, pre-employment physical examination as required for my position and understand that any offer of employment is contingent upon my passing this physical examination which relates to state and federal laws and regulations.

For Massachusetts applicants – It is unlawful to require or administer a lie detector test as a condition o	f
employment or continued employment. An employer who violates this law shall be subject to criminal	
penalties and civil liabilty.	

Applicant Signature	Date