



# HEALTH CARE STAFFING

Medical Management

Mental Health

Rehabilitation Therapy

Corporate and Healthcare Training

EMPLOYEE NAME \_\_\_\_\_

DISCIPLINE \_\_\_\_\_



**400 Oyster Point Boulevard, #440  
South San Francisco. California 94080**

Tel: (650) 877-8111 • (408) 379-8855  
(916) 443-1779

Fax: (650) 877-8129

e-mail: recruiting@drgstaffing.com

**HEALTH CARE STAFFING**

Medical Management  
Mental Health  
Rehabilitation Therapy  
Corporate and Healthcare Training

Date of Application: \_\_\_\_\_

Referred by: \_\_\_\_\_

**PERSONAL INFO**

Last Name	First Name	Initial	Phone-Home	Phone-Cell
Present Address		City	State	Zip
E-mail Address				
Discipline (i.e., RN, PT, SW, OT, etc.)			Professional License Number	
Has your license ever been revoked? (check one)		Yes	No	State of: Exp. Date
Why?				
List other professional licenses:			Emergency Contact Name, Cell Phone & Work Phone	

**EDUCATION AND TRAINING**

School	Name and Address	Number of Years Completed	Degree or Diploma
High School:			
College/University:			
College/University:			
Vocational/Business:			
Health Care/Specialized Training:			

**EMPLOYMENT HISTORY**

Please complete this form and attach your resume.

Current or Last Employer			Contact Number (include area code)	
Address		City	State	Zip
Job Title	Ending Salary	Date Worked	From	To
Nature of Work		Supervisor Phone		
Reason for leaving				
May we contact your present employer to obtain a reference? (Check One) Yes No				
Are you currently a per diem employee, independent contractor or listed with any other registry? (Check One) Yes No Where? _____				

Prior Employer			Contact Number (include area code)		
Address		City	State	Zip	
Job Title	Ending Salary	Date Worked	From	To	
Nature of Work			Supervisor Phone		
Reason for leaving					
Prior Employer			Contact Number (include area code)		
Address		City	State	Zip	
Job Title	Ending Salary	Date Worked	From	To	
Nature of Work			Supervisor Phone		
Reason for leaving					

Please list any professional organization you are a member of:

Please list clinical specialties:

Type of work assignment preferred:

What days and hours are you available for work?		SAT	SUN	MON	TUE	WED	THUR	FRI
	From							
	To							

What geographical area do you prefer to work in? (List by County and/or City Name)

Are there any geographic locations or work settings you do NOT want to work in?

Have you ever been convicted of a crime? Exclude convictions for marijuana-related offenses more than three years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the cause was dismissed.

(Check One) Yes No

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

DRG will not deny employment to any applicant solely because the person has been convicted of a crime. DRG, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for. A criminal background check will be performed. If hired, you will have to provide proof of a recent physical exam, rubella, mumps, rubeola, varicella, Hep B, flu vaccine, a negative TB screening (within the last 6 months) and automobile insurance.

**PLEASE READ AND SIGN BELOW**

I hereby certify that I have personally completed this application and have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize DRG to verify my references, work record, education, motor vehicle record, and other matters related to my suitability for employment, including a criminal background search. I further authorize my former employers to disclose to DRG any information related to my work record. In addition, I hereby release DRG, my former employers, and all other persons and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure. If I am hired, DRG has my permission to duplicate and mail the appropriate professional credentials to any requesting client of DRG prior to, at the time of, or after the fact of my working at that facility.

I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between me and DRG.

I understand DRG is not normally an employment placement agency and prefers to maintain staff in order to provide consistency of service to clients. In the event that the client approaches me as a DRG assigned employee, or I approach a DRG client regarding employment, I am required to give both written and verbal notification to DRG immediately. There are pre-existing agreements which would determine the pace of the transition and the obligations of both the client and me. I will contact my Director so that DRG can explain the specific circumstances and assist with the arrangements as needed.

By signing below I agree to abide by the above authorizations. I further agree to abide by the DRG hire away policy in the event that a hire away occurs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

*As a candidate for employment, you are entitled to a copy of the reports we receive for a criminal background check, motor vehicle check or the drug screen. You will be contacted if there are any negative aspects or variance of information in the report.*

Email as attachment to [recruiting@drgstaffing.com](mailto:recruiting@drgstaffing.com)