



# Employment Application

Med/Subs, Ltd

## Personal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ AM \_\_\_\_\_ PM

Referred By: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In Case of Emergency Call: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Education	Name / Location of School	Year Graduated	Type of Degree
College			
Med/Training			

## Areas of Preference

Area of Specialty: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Areas of Medical Experience: (1) \_\_\_\_\_ Yrs. (2) \_\_\_\_\_ Yrs. (3) \_\_\_\_\_ Yrs.

## Licensure / Credential Status

## Other Certifications

Original State of Licensure: \_\_\_\_\_

Course: \_\_\_\_\_ Expires: \_\_\_\_\_

CPR / BCLS: \_\_\_\_\_

Course: \_\_\_\_\_ Expires: \_\_\_\_\_

Other: \_\_\_\_\_

Course: \_\_\_\_\_ Expires: \_\_\_\_\_

## Medical History

Condition of Health:  Excellent  Good  Fair  Poor Date of last physical: \_\_\_\_\_

Have you ever applied for or received workers compensation?: Y or N

If yes, give description of claim: \_\_\_\_\_

List any chronix illness of infirmity: \_\_\_\_\_

Have you ever been convicted of a felony? Y or N

Have you ever been convicted of a drug related misdemeanor? Y or N



# Previous Employment

Med/Subs, Ltd

Employer:	Specialty:
Address:	Position Held:
City: State:	Dates of Employment From: To:
Phone:	Shift:
# of Beds	Was This a Travel Assignment?
Immediate Supervisor	Reason for Leaving:

Employer:	Specialty:
Address:	Position Held:
City: State:	Dates of Employment From: To:
Phone:	Shift:
# of Beds	Was This a Travel Assignment?
Immediate Supervisor	Reason for Leaving:

Employer:	Specialty:
Address:	Position Held:
City: State:	Dates of Employment From: To:
Phone:	Shift:
# of Beds	Was This a Travel Assignment?
Immediate Supervisor	Reason for Leaving:

Employer:	Specialty:
Address:	Position Held:
City: State:	Dates of Employment From: To:
Phone:	Shift:
# of Beds	Was This a Travel Assignment?
Immediate Supervisor	Reason for Leaving:

## Employment History

Have you ever applied for or received unemployment compensation? Y or N

If yes, explain with dates and employers: \_\_\_\_\_

The statements in this profile are true to the best of my knowledge and I understand that any false statement will be basis for my disqualification or termination of services. I authorize MSL to contact all references and former and present employers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_