Submit by Email | Print Form

MedTrust Staffing Co,

(Print and complete form, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

Employment Application

Medical Staffing Partners, Inc. requires one year minimum hospital experience.

First Name: | Last Name: | Middle Name:

Previous Names: (i.e. maiden names, aka's, etc.

Current Address:

City: | State: | Zip:

Home Phone:

Cell Phone:

Pager:

Email

Emergency Contact Include Number:

Graduate Education

School Name & Location	Years Completed	Degree Received

Professional References

(Please include at least two (2))

Name	Telephone	Facility and Unit	Dates of Employment

1. Can you provide proof of your right to work in the U.S.A.? Yes ☐ No ☐
2. Have you ever been convicted of a crime that would prohibit your employment in a healthcare facility? Yes ☐ No ☐
   If yes, please provide applicable information.

3. Are you willing to submit to a criminal background check? Yes ☐ No ☐
4. Medical Staffing Partners is a drug free environment. Are you willing to submit to a drug test? Yes ☐ No ☐
5. Are there any limitations to performing the basic functions of the position for which you are applying? Yes ☐ No ☐
   If so, please explain (in accordance with the Americans with Disabilities Act this can not be a determining factor in a decision for hire)

In what state(s) do you possess an active driver's license?

If applicable, provide state(s) where driving privileges have been revoked or suspended.

Employment History

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Employer:		Start Date:		End Date:	
Address:				Full-Time: ◯	Part Time: ◯
Supervisor's Name		Supervisor's Telephone Number:			
Position		Eligible for Rehire: Yes ◯ No ◯			
Was this a travel assignment? Yes ◯ No ◯		Agency:			

Signature of Applicant

Submit by Email

Date: