



Traveler Application

Name: _____
Last First Middle Initial

Current Address: _____
Street address City State Zip code

Temporary Address: _____
Street address City State Zip code

Home Phone: _____ Temp Phone: _____ Work Phone: _____

Social Security Number: _____ - _____ - _____ Email Address: _____ Start Date: _____

How did you hear about OneStaff: _____ Current Salary: _____ Desired Salary: _____

Person to notify in case of emergency: _____ Phone: _____
Name Relationship

Street Address City State Zip code

LICENSURE *(Please include photocopies of all licenses held)*

State: State: State:
Exp date: Exp date: Exp date:

SPECIALTY

Check one:

ER OR ICU M/S L&D ORT LPN Other: _____

CERTIFICATIONS

Check one:

ACLS BCLS PALS NALS TNCC CPR CNOR Other: _____

Has your professional license or certification ever been suspended or investigated? Yes No

If yes, please attach explanation on a separate piece of paper.

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please attach explanation on a separate piece of paper.

Are you a U.S. citizen? Yes No

| EDUCATION | NAME AND LOCATION | MONTH/YEAR GRADUATED | DIPLOMA |
|-----------------|-------------------|----------------------|---------|
| College | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ |
| Other School | _____ | _____ | _____ |

"Your One Solution in Staffing"

20515 Nicholas Cir, Suite 4 Elkhorn, NE 68022 866.873.8790 402.333.9316 fax 402.333.1939

EMPLOYMENT PROFILE

Facility/Employer: _____ Dept: _____

Street address: _____ City: _____ State: _____ Zip: _____

Dates employed: From _____ To _____ Reason for leaving _____

Position held: _____ Specialty _____

Supervisor's name: _____ Title _____ Phone _____

Travel Assignment? Yes No

Local agency? Yes No

Facility/Employer: _____ Dept: _____

Street address: _____ City: _____ State: _____ Zip: _____

Dates employed: From _____ To _____ Reason for leaving _____

Position held: _____ Specialty _____

Supervisor's name: _____ Title _____ Phone _____

Travel Assignment? Yes No

Local agency? Yes No

Facility/Employer: _____ Dept: _____

Street address: _____ City: _____ State: _____ Zip: _____

Dates employed: From _____ To _____ Reason for leaving _____

Position held: _____ Specialty _____

Supervisor's name: _____ Title _____ Phone _____

Travel Assignment? Yes No

Local agency? Yes No

The information provided in the application for employment with OneStaff Medical is true to the best of my knowledge. I acknowledge that any omission of fact on the application may result in disqualifying me as becoming employed by OneStaff Medical. I authorize OneStaff Medical to release this application and reference information to client facilities. I understand that by giving OneStaff Medical permission to submit my application for assignment opportunities, I am also agreeing to any criminal background search that may be required by certain states and/or client facilities.

Signature: _____ Date: _____

“Your One Solution in Staffing”