

**Allen Medical  
Staffing Inc.**

2488 Grand Concourse, 3<sup>rd</sup> Fl.  
Bronx, NY 10465

**Employment Application**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap or veteran status.

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Cellular Telephone

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Salary Desired

\_\_\_\_\_  
Availability Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

Are you eligible for employment in the United States?

NO

YES

If "yes" which work authorization do you have? (Check one)    Green Card     Resident Alien Card     other

Do you have any other special training or skills (Languages, CPR Training, IV Therapy, Phlebotomy, etc.) List them, if any:

How did you hear about us?    Friend/colleague     Internet     Sales Call     Job Fair     Recruiter

If "Friend/colleague," what is their name: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? YES  NO  If "yes", describe nature of the crime.

Have you ever been the subject of a disciplinary action by the NYS Board of Regents? YES  NO  If "yes" provide the

date, nature and Regent's action taken against you: \_\_\_\_\_

**Employment History**

Please give complete full and part-time employment information. Start with your present or most recent employer.

\_\_\_\_\_  
Company name

\_\_\_\_\_  
From                                      To  
(MM/YY)                                      (MM/YY)

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Start                                      End

\_\_\_\_\_  
Position                                      Supervisor

\_\_\_\_\_  
Salary

Describe your duties: \_\_\_\_\_

\_\_\_\_\_  
( )

\_\_\_\_\_  
Telephone Number

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Company name

\_\_\_\_\_  
From                                      To  
(MM/YY)                                      (MM/YY)

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Start                                      End

\_\_\_\_\_  
Position                                      Supervisor

\_\_\_\_\_  
Salary

Describe your duties: \_\_\_\_\_

\_\_\_\_\_  
( )

\_\_\_\_\_  
Telephone Number

Reason for leaving: \_\_\_\_\_

**Professional References**

(Do not include family members or friends.)

Name	Phone Number(s)	Occupation
1)	(     )	
2)	(     )	
3)	(     )	

**DO NOT CONTACT**

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s): _____ , _____ , _____ Reason: _____ _____
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Education	School Name/Location	Major	Grad. Date	Diploma/Degree
Under Graduate				
Graduate				
Training Program				

**WHERE DO YOU WANT TO WORK?**

Check the box of the location to which you would be willing to commute:

<input type="checkbox"/> The Bronx	<input type="checkbox"/> Nassau	<input type="checkbox"/> Staten Island
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Putnam	<input type="checkbox"/> Westchester (Lower)
<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Westchester (Upper)

How many months or years of experience do you have in your current license?  
\_\_\_\_\_

**WHAT SHIFTS AND DAYS DO YOU WANT TO WORK?**

12hr Days (M, Tu, Wd, Th, Fr, Sa, Su)

12hr Nights (M, Tu, Wd, Th, Fr, Sa, Su)

7am - 3pm (M, Tu, Wd, Th, Fr, Sa, Su)

3pm - 11pm (M, Tu, Wd, Th, Fr, Sa, Su)

11pm - 7am (M, Tu, Wd, Th, Fr, Sa, Su)

Which do you prefer:  per diem work  fulltime work

How many shifts do you want to work per week? \_\_\_\_\_

What is your means of transportation:  Own Car  Public Transportation

**PLEASE READ CAREFULLY**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of Millennium Medical Staffing, and the healthcare facility to which I am assigned. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I understand that this employment application is not a contract of employment, and that any individual who I shired may voluntarily leave employment upon notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and dismissed from all three due to issues of misconduct (i.e. frequent shift cancellations, med. errors, etc.), then Allen Medical Staffing reserves the right to terminate my employment. Finally, I understand that Allen Medical Staffing reserves the right to extend or terminate my employment based on the criminal history information findings.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recruiter Initials: \_\_\_\_\_