



**Reliable Nursing Solutions, Inc**  
***When Caring Counts!***  
**Employment Application**

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License/Discipline \_\_\_\_\_

**All other names you have used in the past 5 years:**

Name(print): \_\_\_\_\_

Dates name(s) last used: \_\_\_\_\_

**Permanent**

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

\_\_\_\_\_

(where you will receive W-4 if address different than above?)

Street/Apt \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**TELEPHONE CONTACT**

Home # : (\_\_\_\_\_) \_\_\_\_\_ Pager # : (\_\_\_\_\_) \_\_\_\_\_

Temporary # : (\_\_\_\_\_) \_\_\_\_\_ Cellular : (\_\_\_\_\_) \_\_\_\_\_

Message # : (\_\_\_\_\_) \_\_\_\_\_

E- mail Address : \_\_\_\_\_

**PROFILE**

Preferred Facilities \_\_\_\_\_ Shift Desired \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Initial: \_\_\_\_\_

EDUCATION					
SCHOOL NAME	LOCATION	PROGRAM	YEARS	GRAD	DEGREE
College				Yes	
University				No	
College				Yes	
University				No	
College				Yes	
University				No	
Business				Yes	
Trade/Tech				No	
High				Yes	
School				No	
Language(s) 1 Read, Write and Speak		Personal computer access: Yes NO			

Have you ever held a nursing license under any other name? Yes No

If yes, list Name: \_\_\_\_\_

Have you ever had any professional disciplinary action taken against you or against any of your licenses? Yes No

Have you ever been named as a defendant in a malpractice action or an action involving a claim of dishonesty or violence? Yes No

Have you ever been convicted of a felony or a crime involving dishonesty or violence? Yes No

Are you presently or currently out on bail and/or awaiting trial? Yes No

Is there any reason Reliable Nursing Solutions Inc. would not be able to assign you to any employer that you listed?

Yes No

**If you answered Yes to any of the above questions attach sperate sheet with explanation.**

Are you a United States  
Citizen? \_\_\_\_\_

If employed, can you submit  
proof? \_\_\_\_\_

If no, indicate immigration status. HIB TC/TN Resident Alien (list alien number & attach)

HIA \_\_\_\_\_

**Employment References Names of individuals who Reliable Nursing Solutions, Inc. can contact immediately with your permission:**

SUPERVISOR MANAGER	EMPLOYER	POSITION	BUSINESS PHONE	YEARS MANAGED

**PERSONAL REFERENCES:**

NAME	RELATIONSHIP	HOME TELEPHONE	YEARS KNOWN

Health Clearance (Last Verifiable)

Emergency Notification

**EMPLOYMENT HI STORY**

If registry only  
please list  
facilities:

Is this a travel assignment?  
List agency. \_\_\_\_\_

Yes

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Dept/Floor/Unit \_\_\_\_\_ Specialty \_\_\_\_\_ Shift Hourly Rate \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Pager Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Was this facility? Teaching \_\_\_\_\_ NonTeaching \_\_\_\_\_

Dates Employed  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 Type of Nursing: Primary / Team / Modified Primary / Modified Team / Scrub / Circulate / Other  
 Charge Experience? Yes \_\_\_\_\_ No \_\_\_\_\_ How Often \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Dept/Floor/Unit \_\_\_\_\_ Specialty \_\_\_\_\_ Shift Hourly Rate \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Pager Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Was this facility? Teaching \_\_\_\_\_ NonTeaching \_\_\_\_\_

Dates Employed  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 Type of Nursing: Primary / Team / Modified Primary / Modified Team / Scrub / Circulate / Other  
 Charge Experience? Yes \_\_\_\_\_ No \_\_\_\_\_ How Often \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

Reliable Nursing Solutions, Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination in accordance with all applicable state and federal laws prohibiting discrimination in employment because of race, sex, religion, age, national origin, marital status, medical condition or disability. Any dispute arising from this document, the application process, and employment with Reliable Nursing Solutions, Inc. (whether potential or actual) shall be exclusively governed by the laws of the State of California and exclusive jurisdiction and venue for all such matters shall be in the County of San Bernardino. I authorize without reservation, Reliable Nursing Solutions, Inc. to verify and to release any information contained in this application including, but not limited to background verifications, searches, certificates, certifications, education, employment verifications, immigration, licensures and medical history. I authorize all present and previous employers, educational institutions, public agencies, licensing authorities, Client facilities, personal and other references (as well as all representatives of these persons or entities) to provide all information they may have regarding me. I voluntarily and knowingly release each of the above and RELIABLE NURSING SOLUTIONS, INC. from liability, and waive all claims, arising from providing or releasing any of this information or from denial or withdrawal of employment. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Reliable Nursing Solutions, Inc. in writing that I wish to revoke this authorization. Reliable Nursing Solutions, Inc. supports a drug-free workplace. Accordingly, applicants may undergo drug screening as a condition of employment. Applicants who refuse will not be considered for employment and no guarantee is made that an applicant who passes the tests will be hired. If the results of the pre-employment drug and alcohol tests are positive, the applicant will be disqualified from employment consideration with Reliable Nursing Solutions, Inc. Test results are kept confidential with RELIABLE NURSING SOLUTIONS, INC. and Client. You have the right to request, in writing, within a reasonable time, the results of Reliable Nursing Solutions, Inc. investigation report(s). Examples of investigation reports may include but are not limited to personal interviews, criminal background reports, motor vehicle driving reports, credit histories, reference checks, verification of education, past employment, license, and credential information, and investigation into theft, fraud, harassment and workplace violence. I understand my employment is dependent upon submitting to and successfully completing, to the satisfaction of both Reliable Nursing Solutions, Inc. and Client Facility, all portions of the health clearance required before starting employment and any required physical examinations thereafter. This may include special examinations that test for the presence of alcohol, drugs or any other substances that could affect my abilities to safely perform the functions of the position. I understand, consent and grant authorization to release Reliable Nursing Solutions, Inc. and any of its Clients any information from my medical record and medical examination. I agree to fully comply with the policies, procedures and standards of Reliable Nursing Solutions, Inc. and client facilities. I will fully comply with any state, federal, statutory, regulatory or governmental requirements to which either RELIABLE NURSING SOLUTIONS, INC. or Client Facility are subject. These policies, procedures and standards can be modified from time to time, including any drug & alcohol free environment policies. I understand the position being applied for requires reliable attendance and dependable performance during the contemplated work hours. I understand that if I am employed, my work schedule may include various shifts, assignments and is subject to change in wages, conditions, benefits and operating policies. I understand and agree that acceptance of an offer of employment does not create a contractual obligation upon Reliable Nursing Solutions, Inc. to continue to employ me in the future; that my employment and compensation can be terminated at will, with or without cause or notice at my option or the option of Reliable Nursing Solutions, Inc. This document does not constitute an offer for employment and return of this document does not constitute an acceptance of employment. An employment relationship, which shall at all times be at-will, can only be created by subsequent written statement of Reliable Nursing Solutions, Inc. I certify that the information provided in this Application is true, correct and complete, I understand that any misrepresentation, omission or falsification on this application is sufficient cause to prevent hiring, or if hired, termination of employment. My signature below acknowledges that I have read and understood the above disclosures, waivers, and representations.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_