



Job Application

Full Name*

First Name

Middle Name

Last Name

Current Address*

Street Address

Street Address Line 2

City

State/Province

Postal / Zip Code

Country

Email Address*

Phone Number *

Area Code

Phone Number

Birth Date *

Month/Day/Year

Social Security Number *

Please indicate your Gender *

Male

Female

Emergency Contact

Emergency Contact*

Phone Number *

Education

Vocational/Nursing School

City

State

Date Passed Boards/Certification

Degree Earned

College/University

City

State

G.P.A.

Degree Earned

High School

City

State

G.P.A.

Degree Earned

Job Interest

Position applying for * CRNA RN LPN CNA CMT/CMA Human Resources

If hired, can you furnish proof you are eligible to work in the U.S.? YES NO

Have you ever been convicted of a felony or misdemeanor* YES NO

Do you hold a current BLS or ACLS certificate * YES NO

Are you currently certified and approved to work for the position you are applying for * YES NO

Please indicate your medical license certificate number* _____

Please indicate the Certifying Agency ID Number* _____

Please indicate the date you received your medical license * _____

Has your medical license ever been suspended or revoked* YES NO

Legal Questions

At any time before or after becoming a healthcare professional, have you ever been charged with a crime of been convicted or pled guilty or no contest to any criminal charge (whether disciplined or cleared)?

YES NO

Are you aware of any circumstances, which may result in a malpractice claim or suit being made or brought against you?

YES NO

Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency, regulatory board, or State Board of Nursing, or ever been the subject of any ethics investigation at local, state or national level (whether disciplined or cleared)?

YES NO

Please list 2 references from your most recent to past employers. They must be your supervisor or hiring manager from

Name of Employer*

Name of Second Employer*

Name of Supervisor*

Name of Second Supervisor*

First Name

Last Name

First Name

Last Name

Phone Number of Supervisor

Phone Number of Second Supervisor

Supervisors Email*

Second Supervisors Email*

By checking this box I am assuring that the statements made in this application are true to the best of my knowledge. I understand that any falsification will be the basis for disqualification of employment or termination of services. I authorize Blue Diamond Medical Staffing, LLC. to verify the information I have provided and to contact past employers and references concerning my ability, character and employment records. I release all such persons from liability for furnishing said information. By applying to Blue Diamond Medical Staffing, LLC, I authorize release of this information to all other affiliates of the company and I acknowledge and agree that they may contact me using facsimile or any other means. I authorize Blue Diamond Medical Staffing to complete an employment background screening for employment. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Blue Diamond Medical Staffing, LLC and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature

Date