Please complete all questions. Include any supplemental information that you feel would be helpful in considering your qualifications.

The Registry Network, Inc. is an equal opportunity employer and abides by all applicable federal and state laws prohibiting discrimination in employment because of race, color, sex, sexual orientation, religion, national origin, age, handicap, medical conditions or marital status.

Registry Network Incorporated

Employment Application

Recruiter: _____

Date: _____

Driver's License: _____

Social Security Number: _____

Personal

Email Address

Last | First | Middle

Present Address: Street | City | State | Zip Code

Home Phone | Cell / Alt Phone

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain when, where, type of offense and disposition of case.

A conviction will not necessarily disqualify applicant from the job applied for.

U.S Citizen ☐ Yes ☐ No

Position Desired ☐ Travel ☐ Daily Staffing ☐ Both

Shifts Preferred: ☐ A.M. ☐ P.M. ☐ NOC ☐ 8 Hour ☐ 12 Hour

In Case Of Emergency Please Call

Last Name | First | Home Phone | Work Phone

Street | City | State | Zip Code

Relationship

Lic. / Certs.

Please List All Licenses You Have

Type	State	Number	Expires

Please List All Certificates You Have

Type	Expires
Healthcare Provider BLS	
PALS	
NRP	
NALS	
ACLS	

Education

Name and Address of School	Graduate?	Year Graduated	Degree(s)
	☐ No ☐ Yes		
	☐ No ☐ Yes		
	☐ No ☐ Yes		

Travel Emp. History

List All **Travel** Health Care Assignments:

Present Or Most Recent Assignment:	Month / Year
Hospital:	Start:
Address:	End:
Unit Worked:	

Hospital:	Start:
Address:	End:
Unit Worked:	

Hospital:	Start:
Address:	End:
Unit Worked:	

Permanent Employment History

List All **Permanent** Health Care Employment:

Present Or Most Recent Position: May we contact your present employer now for reference? ☐ Y ☐ N	Month / Year
Employer:	Start:
Address:	End:
Phone Number:	Reason For Leaving:
Name And Title Of Supervisor:	
Your Position & Duties:	

Employer:	Start:
Address:	End:
Phone Number:	Reason For Leaving:
Name And Title Of Supervisor:	
Your Position & Duties:	

Employer:	Start:
Address:	End:
Phone Number:	Reason For Leaving:
Name And Title Of Supervisor:	
Your Position & Duties:	

Signature

I hereby certify that the answers given by me to the forgoing questions and statements made are true and correct without consequential omissions of any kind whatsoever, and that I have not knowingly withheld any information regarding my employment together with information they may have regarding me, whether or not it is on their records. I agree that my previous employer shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I herby release said employers, schools or person from all liability whatsoever for issuing this information. Also, I understand and agree that my position is for not definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice.

CONSENT FOR DRUG / BACKGROUND SCREENING. I understand that the drug/background screening may be required by some of The Registry Network's client facilities and I agree to undergo such screening if required.

Signature of Applicant _____ Date _____

Form Updated 10/29/2020