

Candidate Registration

Candidate Contact Details

Name

First

Middle

Last

Email

Phone

Best Time To Contact

Afternoon, Anytime, Evening, Morning

Password

Retype Password

How did you hear about us?

Website, Referral, Email Campaign, Job Board, Indeed, IG, FB, YouTube

Address

Permanent Residence Home Address

Address

City

State

Zip Code

Country

Employee Preferences

Profession

CNA, LPN/LVN, RN, RN Manager, Nurse Practitioner,

Specialty

Primary Specialty

Type of Employment

Local, Permanent, PRN, Temporary

Years of Experience

Years

Months

Computer Charting System Experience

All Scripts, Cerner, eClinicalWorks, Epic, GE Healthcare, Meditech

Desired Travel Area

Location Preference

List of States

☐ Accept Terms and Conditions

I'm not a robot.

☐

reCAPTCHA

TERMS AND CONDITIONS

By this electronic signature, I hereby agree to the following Sapient Medical (“Company”) Terms and Conditions:

I hereby certify that the information I have provided in my application is true, accurate, and complete, to the best of my knowledge, that I am the individual who has completed the form, and that I am solely responsible for the form, content, and accuracy of any material contained therein. I understand that providing false, inaccurate, or incomplete information may be a violation of state or federal laws that could result in civil penalties. I agree to promptly notify Company of information that would make the contents of my application inaccurate, untrue, or misleading. I assume all responsibility and risk for my use of the Company site and services, and the documents or materials that I provide and for my conduct on and off the site.

I hereby expressly authorize Company to submit my application and all information provided by me to agencies selected by Company for consideration of employment with those agencies. I understand that Company makes no representations, warranties, or guarantees regarding the effectiveness of its services or the timeliness of the services in meeting my employment objectives. Company does not guarantee that the services will result in me being hired, and is not responsible or liable for any business, employment, hiring and/or salary decisions, for whatever reasons made, by me.

Release

To the fullest extent allowable by law, I release Company from claims, demands, and damages (actual and consequential and direct or indirect) of every kind and nature, known and unknown, suspected or unsuspected, disclosed and undisclosed arising out of or in any way connected with the submission of my application, the information provided therein, or my use of the site and services.

Indemnity

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND RELEASE COMPANY (AND ITS SUBSIDIARIES, AFFILIATES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS) FROM AND AGAINST ANY THIRD PARTY CLAIMS, ACTIONS, OR DEMANDS (INCLUDING, WITHOUT LIMITATION, COSTS, DAMAGES AND REASONABLE LEGAL AND ACCOUNTING FEES) ALLEGING OR RESULTING FROM OR IN CONNECTION WITH THE INFORMATION PROVIDED BY ME IN MY APPLICATION, DOCUMENTS PROVIDED BY ME, USE OF THE SERVICES, OR BREACH OF THIS AGREEMENT. IN ADDITION TO MONETARY DAMAGES, I AGREE THAT BREACH OF THIS AGREEMENT WILL ENTITLE Company TO EQUITABLE RELIEF AND RECOVERY OF ITS ATTORNEYS FEES AND COSTS.

Limitation on Damages

TO THE FULLEST EXTENT ALLOWABLE BY LAW, IN NO EVENT SHALL COMPANY (OR ANY OF ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, SUBSIDIARIES, AFFILIATES, AGENTS, OR ADVERTISERS), BE LIABLE FOR ANY NON-DIRECT DAMAGES WHATSOEVER (INCLUDING, WITHOUT LIMITATION, INCIDENTAL OR CONSEQUENTIAL DAMAGES, LOST PROFITS, OR DAMAGES RESULTING FROM LOST DATA OR LOST EMPLOYMENT OPPORTUNITY)) RESULTING FROM OR ARISING UNDER OR IN CONNECTION WITH THE SERVICES OR THE USE OR ACCESS TO THE SITE AND SERVICES OF Company, WHETHER BASED ON WARRANTY, CONTRACT, TORT, OR ANY OTHER LEGAL THEORY, AND WHETHER OR NOT COMPANY IS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL COMPANY (OR ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, SUBSIDIARIES, AFFILIATES, AGENTS OR ADVERTISERS) BE LIABLE FOR ANY DIRECT DAMAGES IN EXCESS OF THE AGGREGATE AMOUNT OF \$100.00.

Warranty Disclaimers

THIS SITE AND THE SERVICES PROVIDED ARE PROVIDED ON AN "AS IS" BASIS WITHOUT ANY WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED. TO THE FULLEST EXTENT ALLOWABLE BY LAW, ALL WARRANTIES ARE DISCLAIMED, INCLUDING BUT NOT LIMITED TO, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

Applicable Law and Venue

This agreement shall be construed and enforceable according to the laws of the State in which Company is headquartered, and I hereby submit to the exclusive jurisdiction of those courts. The sole and exclusive venue for disputes arising from this agreement or services related thereto shall be in the county in which Company is headquartered.

CANDIDATE FORM Submits to CANDIDATE CRM

Candidate Registration Form

The candidate completes the **Candidate Registration Form** on the website.

- 1. They must accept the **Terms and Conditions** (Popup Window) by selecting the checkbox.
- 2. Select the **reCAPTCHA** checkbox.
- 3. Then lastly **SUBMIT** the form.

Candidate CRM

- 1. The data from the Candidate Registration form populates the **Candidate CRM**
- 2. The CRM automatically creates a profile for the Candidate using their Email and Password.
- 3. The **Candidate** is now able to log into **CRM** to **view, update, and save** their profile records.

Candidate Registration FORM

Candidate Registration FORM

Submission Date

First Name

Middle Name

Last Name

Address

City, State, Zip Code, Country

Personal Email

Mobile Phone

Best Time to Contact:

How did you hear about us?

Password:

Retype Password:

Profession

Specialty

Type of Employment

Years of Experience

Computer Charting System Experience

Desired Travel Area

Location Preference

Accept Terms and Conditions

(Popup)

I'm not a robot

reCAPTCHA

SUBMIT

CANCEL

Candidate CRM

CRM Modules 1, 2, 4, 6, 8, 9, 10, 14, 18

Candidate CRM Module/Table

Primary Key / Candidate ID

Submission Date

First Name

Middle Name

Last Name

Address

City, State, Zip Code, Country

Personal Email

Business Email

Mobile Phone

Business Phone

DOB, Age, Gender, Race, Ethnicity

Nationality, Height, Weight

Profession

Specialty

Type of Employment

Years of Experience

Computer Charting System Experience

Desired Travel Area

Location Preference

Education

Professional License(s)

Certification (s)

Work History

Notes

Documents

Job Assignments

(Many)

(Many)

(Many)

(Many)

(Many)

(Many)

Edit

SAVE