



Employment Application

PLEASE PRINT CLEARLY

	Applican	t Information			
Name:		Date:			
Last	First	M.I.			
Address:					
Street Address		Apt/Unit/Floor			
City		State Zip Code			
Home Phone: ()	-	Cell Phone: ()			
Email Address:					
		Access to a Car? Yes / No			
Drivers License #:	Sta	ate:Expiration Date:			
Nearest Public Transportation:		Geographic Area Preferred:			
Position Apply For:		Date of Last Physical:			
How did you hear about Tact? ✓	•				
□ Job Board:	🗆 Email:	☐ Internet:			
□ Facility:		☐ Referral:			
☐ Newspaper or Magazine Public	ation:	tion: □ Other:			
List any Foreign Languages you	speak fluently:				
Availability (Please circle all t	hat apply)				
Available Start Date:	Day	Evening Night Full Time Part Time Per Diem			
Hours Available Per Week :		un Mon Tues Wed Thurs Fri Sat			
	Education/ Em	nployment History			
High School:		lress:			
From:To:	Did You Graduate	e? Yes / No Degree:			
Undergraduate	Add	ress:			
From:To:	Did You Graduate	? Yes / No Degree:			
Graduate:	Ado	dress:			
From:To:	Did You Graduate	? Yes / No Degree:			
		dress:			
		? Yes / No Degree:			



111 John Street Suite 1120 New York, NY 10038 Telephone: 212-766-0200 Fax: 212-766-0242

Previous Employment: List your last three employers (Both permanent and temporary) Dates of Employment From______ to ______ Organization Name______ Year Month Month Street_____State____Zip__ Position Title: _____Clinical Area: _____ Supervisor's Name and Phone #_____ Reason for Leaving ______ Final Salary \$_____ Dates of Employment From______ to ______ Organization Name_____ Month Year Month Year _____City______State_____Zip_____ Position Title: Clinical Area: Supervisor's Name and Phone # Job Duties ______ Reason for Leaving ______ Final Salary \$_____ Dates of Employment From______ to ______ Organization Name_____ Month Year Month Year Street_____State____Zip____ Position Title: ______Clinical Area: _____ Supervisor's Name and Phone # Job Duties _____ Final Salary \$_____ Reason for Leaving _____ References Please List Three Professional References Reference Name: ______ Years Known: _____ Address: Tel./Fax #: () -Reference Name: ______Company: _____ Years Known: Address: Tel./Fax #: (_________ Reference Name: Company: Years Known: Address: Tel./Fax #: () -

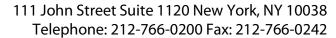


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Conviction Record

(New York State Law prohibits unjustified discrimination on the basis of a criminal conviction record)

I. Have you ever been convicted of a If Yes, List All Convictions:	criminal offense	? Yes / No)		
Date		Date			
City/State		City/State			
Conviction					
Disposition		Disposition			
II. Are there any criminal proceedings If Yes, please state the nature of such proce	, ,			lo 	
III. Have you ever been suspended or opatient, co-workers, customer or visitor or his fyes, Please Explain:	has your profession	onal licensure	ever been s	suspended or revoked? Yes-/ No	
			-	tion Date:	
Do you carry your own Liability Insuranc	:e? Yes / No	ı If Yes, Ar	nount: \$		
		Ca	rrier:		
Occupation: Check all that apply and inclu	de specialty whe	ere applicable.	✓		
☐ Medical Assistant	☐ Lab Technol	logist	☐ Phlebotomist		
□ Pharmacist/ Pharmacy Tech	□ EKG			☐ Physical Therapist/ Assistant	
□ EEG	☐ Occupation		☐ Dental Assistant		
☐ Social Worker Licensed? Yes / No				☐ Speech Therapist	
☐ Radiology Professional		_	Yes / No	☐ Secretary /Receptionist	
☐ Physician Assistant	☐ Nursing Prof	fessional		☐ Other	
Nursing Specialties: Please check all that				Te., , , , ,	
□ Emergency Room	☐ Critical/Inte			☐ Medical/Surgical	
□ Women's Health		☐ Operating Room		☐ Pediatric	
□ Psychiatric		☐ Geriatric		Recovery	
□ Case Management	· · · · · · · · · · · · · · · · · · ·	☐ Dialysis		☐ Quality Assurance	
□ Ambulatory Care	☐ Home Care			☐ New Graduate	
I affirm that the facts set forth in my app if I am offered employment. I give Tact Corporation examination by physician of the company's select be working for the Tact Corporation on its payrol Tact Corporation at any time, without liability to Tact Medical Staffing Inc. is an Equal Op- creed, color, religion, alienage or national origin, status, sexual orientation, arrest record, or any of management team is dedicated to this policy with compensation, benefits, employee activities and	on permission to ve tion as often as may II, at its client premi me for wages and s portunity Employer ancestry, citizensh ther characteristic p h respect to recruiti	erify my employing be requested. I ises. I understantial is all ary except as I is that does not does	ment reference understand to d that my em nave been ear liscriminate o isability or ha olicable feder neement, pron	ces. I will submit myself to that if I am offered employment, I will ployment may be terminated by the rned by the date of such termination. In the basis of actual or perceived race andicap, sex, marital status, veteran al, state or local laws. Our	
Applicant Signature			D	ate	





Release Agreement

I, hereby authorize Tact Medical Staffing to conduct a background check on my behalf. This may or may not include the following: contacting previous employers, contacting personal and professional references, and/or conducting criminal background checks.

Print Name:	 	
Signature: _	 	
Date:		