

Employment Application**PLEASE PRINT CLEARLY****Applicant Information**Name: _____ Date: _____
Last First M.I.Address: _____
Street Address Apt/Unit/Floor

City State Zip Code

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Social Security#: _____ - _____ - _____ Access to a Car? Yes / No

Drivers License #: _____ State: _____ 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: _____ ☐ Friend: _____ ☐ Referral: _____☐ Newspaper or Magazine Publication: _____ ☐ Other: _____**List any Foreign Languages you speak fluently:** _____**Availability (Please circle all that apply)**Available Start Date: _____ Day Evening Night Full Time ~~Part Time~~ Per DiemHours Available Per Week : _____ ~~Sun~~ Mon Tues Wed Thurs Fri ~~Sat~~**Education/ Employment History**

High School: _____ Address: _____

From: _____ To: _____ Did You Graduate? Yes / No Degree: _____

Undergraduate _____ Address: _____

From: _____ To: _____ Did You Graduate? Yes / No Degree: _____

Graduate: _____ Address: _____

From: _____ To: _____ Did You Graduate? Yes / No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did You Graduate? Yes / No Degree: _____

Previous Employment: List your last three employers (Both permanent and temporary)Dates of Employment From _____/_____/_____ to _____/_____/_____ Organization Name _____
Month Year Month Year

Street _____ 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 _____ 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 _____ City _____ State _____ Zip _____

Position Title: _____ Clinical Area: _____

Supervisor's Name and Phone # _____

Job Duties _____

Reason for Leaving _____ Final Salary \$ _____

References**Please List Three Professional References**

Reference Name: _____ Company: _____ Years Known: _____

Address: _____ Tel./Fax #: (_____) _____ - _____

Reference Name: _____ Company: _____ Years Known: _____

Address: _____ Tel./Fax #: (_____) _____ - _____

Reference Name: _____ Company: _____ Years Known: _____

Address: _____ Tel./Fax #: (_____) _____ - _____

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 criminal offense? ~~Yes~~ / No

If Yes, List All Convictions:

Date _____	Date _____
City/State _____	City/State _____
Conviction _____	Conviction _____
Disposition _____	Disposition _____

II. Are there any criminal proceedings currently pending against you? ~~Yes~~ / No

If Yes, please state the nature of such proceedings: _____

III. Have you ever been suspended or discharged by an employer for incidence of physical or verbal abuse of a patient, co-workers, customer or visitor or has your professional licensure ever been suspended or revoked? ~~Yes~~ / No

If Yes, Please Explain: _____

Licensure/Certification/Registration/Skills

Type: _____ State: _____ Expiration Date: _____

Do you carry your own Liability Insurance? ~~Yes~~ / No If Yes, Amount: \$ _____

Carrier: _____

Occupation: Check all that apply and include specialty where applicable. ✓

<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Lab Technologist	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Pharmacist/ Pharmacy Tech	<input type="checkbox"/> EKG	<input type="checkbox"/> Physical Therapist/ Assistant
<input type="checkbox"/> EEG	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Social Worker Licensed? Yes / No	<input type="checkbox"/> Medical Biller/Coder	<input type="checkbox"/> Speech Therapist
<input type="checkbox"/> Radiology Professional	<input type="checkbox"/> Dietitian Registered? Yes / No	<input type="checkbox"/> Secretary /Receptionist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Nursing Professional	<input type="checkbox"/> Other _____

Nursing Specialties: Please check all that apply. ✓

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Critical/Intensive Care	<input type="checkbox"/> Medical/Surgical
<input type="checkbox"/> Women's Health	<input type="checkbox"/> Operating Room	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Recovery
<input type="checkbox"/> Case Management	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Quality Assurance
<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Home Care	<input type="checkbox"/> New Graduate

I affirm that the facts set forth in my application are true and complete and that any false statements are grounds for dismissal if I am offered employment. I give Tact Corporation permission to verify my employment references. I will submit myself to examination by physician of the company's selection as often as maybe requested. I understand that if I am offered employment, I will be working for the Tact Corporation on its payroll, at its client premises. I understand that my employment may be terminated by the Tact Corporation at any time, without liability to me for wages and salary except as have been earned by the date of such termination.

Tact Medical Staffing Inc. is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, arrest record, or any other characteristic protected by applicable federal, state or local laws. Our management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

Applicant Signature _____ Date _____

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: _____