



Specialists in Healthcare Recruitment & Staffing and
Accreditation Preparation Services since 1990



402 King Farm Blvd., Suite 125-142 • Rockville, MD 20850 • Ph: 301-460-4089

APPLICANT INFORMATION FORM

PSN is a woman-owned, nurse-owned staffing and recruitment company celebrating 30 years in business this year!

We specialize in recruiting experienced nurses and other healthcare professionals for managed care- related positions in insurance, hospital, and managed care settings. There is never a cost to individuals. Our fees are paid by our client companies. We look forward to the opportunity to work with you.

GENERAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Best way to contact you (cell phone, email, etc.) Preferred time of day?

EDUCATION / LICENSURE / CERTIFICATIONS

DEGREE

Hospital Diploma

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate Degree



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LICENSURE

RN LPN MD SW Other: _____

License Number/s _____

State/s _____

CERTIFICATIONS

CCM CPHQ CPUM CPUR CPHM Coding

Other: _____

SKILLS AND EXPERIENCE

CLINICAL CRITERIA

InterQual Milliman Other: _____

COMPUTER SKILLS

MS Excel MS Word MS Access Other: _____

MEDICAL CODING

ICD-10 HCPC CPT Other: _____



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Clinical Specialty(ies):

Other applicable skills/experience:

WORK DESIRED

PREFERRED SCHEDULE

Full-Time

Part-Time

Direct Hire

Temporary Assignment

Please describe the kind of work/setting and geography you seek and/or list any Job Number(s) from our website (www.psninc.net) that interest you.

WHERE DID YOU LEARN ABOUT PSN?

SOURCE

Search engine (e.g., Google)

☐

PSN Website

☐

Indeed

☐

LinkedIn

Personal Referral - Name of person or source of referral: _____



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ADDITIONAL QUESTIONS*

1. Have you ever before filled out an employment application for PSN? *

☐ Yes ☐ No

2. Have you ever had, or have pending, action taken against your professional license or certificate in any state of the United States? (Adverse action includes, but is not limited to: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation of license)? *

☐ Yes ☐ No

3. Many of our clients require a criminal and/or educational background check, and for hospitals, drug screen, proof of immunizations, including hepatitis B, negative TB test (within 12 months), and/or a physical exam (within 12 months) in order to be considered for a temporary assignment at their office or hospital setting. Are you willing to undergo a criminal background check and drug screen and obtain the above health information if requested? *

☐ Yes ☐ No

CONFIDENTIALITY AGREEMENT

1. I agree that I shall hold in strict confidence all information and materials provided to me during my interactions with Professional Services Network, Inc. (PSN) and its clients. This includes, but is not limited to, information such as employment openings, client information, and financial compensation. I understand that this information is proprietary and crucial to the success of PSN and its clients, and that it must not be communicated to any outside party without prior permission from PSN.
2. I agree that I shall allow PSN to represent me for employment openings first discussed with me by PSN, and for which I have expressed an interest. I further agree to not self-submit for these employment openings or otherwise directly contact PSN clients, nor work with other recruiters on these specific employment openings.
3. I agree that I shall immediately disclose to PSN any previous application or resume submission that I had or have with any company that is discussed with me. I understand that PSN may be unable to represent me to clients with whom i have a prior relationship.
4. I agree that all materials or information created, assembled, distributed, or otherwise



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communicated to me, including but not limited to applications, descriptions, benefits, reports, criteria, or plans, are the sole property of PSN and/or its clients, and shall not be disclosed in any manner at any time with express permission from PSN and/or its clients.

5. I acknowledge that any false, incomplete, or misleading information I provide on this form, in a resume, or in a pre-employment interview, will be grounds to deny my application or, if discovered later, for immediate dismissal from employment.

☐ I agree to this provision *

EMPLOYMENT AT-WILL PROVISION

I acknowledge that this application is not meant to be a contract of employment and that my employment with PSN is AT WILL and may be terminated at any time with or without notice by either PSN or myself.

☐ I Acknowledge

EEO STATEMENT

Professional Services Network, Inc. (PSN) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. PSN complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

PSN expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of PSN's employees to perform their expected job duties is absolutely not tolerated.

RESUME

Please attach your recent resume in Word format.

I agree that the information I provided on this application and my resume are truthful to the best of my knowledge.

Signature* : _____ Date: _____



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REFERENCES

Please provide two references, preferably a Supervisor and a Professional. If not possible, please provide at least two Professional References.

Your references will not be contacted until you have been offered AND accepted a position with PSN or one of its clients

☐ Supervisor ☐ Professional

Name of Reference: _____ Phone/email _____

Company where you worked together: _____

Position of your reference at the time: _____

Dates you worked together: _____

☐ Supervisor ☐ Professional

Name of Reference: _____ Phone/email _____

Company where you worked together: _____

Position of your reference at the time: _____

Dates you worked together: _____