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MEDICAL APPLICANT PRE-EMPLOYMENT QUESTIONNAIRE

Emp Name: _____

Phone: _____ Is it ok to text to this number shift information?

Email: _____

Emergency Contact: Name _____

Relationship: _____ Phone: _____

How did you hear about us? _____ Job posting? Which one _____

Referral? _____ Name of referring Person _____

Have you ever been convicted of a felony in the last 10 years? _____ No _____ Yes. If yes, please explain

List all Counties and States you have lived in for the last 10 years. Eg Pierce County, WA

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fill in the # of years for each license. If the license is not held, write N/A						
	RN	LPN	MA	CNA	HCA	Other. Specify
Years of experience						
Comment:						

Please note the # of years you have experience in each of the following. If none, write N/A

	Nursing Home	Assisted Living	Memory Care	Mental Health	Adult Family Home	Clinic	Surgical Center	Hospital	Other
Years of Experience									
Comment:									

List all states you are licensed to work per license. Eg LPN - WA, OR, CA etc

RN- _____ CNA- _____

LPN- _____ HCA- _____

MA- _____ Other- _____

What type of employment are you looking for? Regular Per Diem Contract other _____

What shifts are you available? Day Eve Noc Any Shift

Days you can work? Mon Tue Wed Thu Fri Sat Sun Any Day

Are you available to work on same day assignments? Yes No

How will you get to work? Car Bus Other _____

We work with facilities as far South as Woodland, Shoreline in the North, North Bend to the East and Gig Harbor to the West. What is your radius limit you are willing to travel from Tacoma? _____ miles

Have you worked for other medical staffing agencies? If so, at what facilities and under what capacity?

Eg CNA - Alpine Nursing home

What is the minimum pay you will accept? \$ _____/Hr

I attest that the information provided is true and factual and I understand that I am legally liable for any liabilities incurred resulting from any false information I have provided. I hold the staffing agency and affiliates harmless for any damages I may incur resulting from any fraudulent information I have provided.

I understand that fraud is cause for termination and possibly even prosecution by the law.

Signature: _____ Date: _____