



Integrity Nursing Staffing Solutions LLC

Temporary Staffing Solutions

418 N. Main- Suite 200 - Royal Oak, MI 48067 - Phone 734-623-3190 - Fax 734- 629-8142

EMAIL: Info@integritynursing.org

WEBSITE: www.integritynursing.org

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____ M.I _____ Date: _____

Street Address: _____ APT/ Unit #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): Street: _____ City: _____ State: _____ ZIP: _____

SSN: _____ / _____ / _____

Telephone Numbers: Home: _____ Cell: _____

Person to notify in case of
emergency: _____

NAME

RELATIONSHIP

PHONE#

Are you a citizen of the United States? Yes ___ No ___ If no, are you authorized to work in the US? Yes / No

Have you ever been convicted of a Felony? Yes ___ No ___ IF YES PLEASE
EXPLAIN _____

How did you hear about Integrity Nursing Staffing Solutions? _____

Shift Preference: 7a-3p _____ 3p-11p _____ 11p-7a _____ 7a-7p _____ 7p-7a _____

LICENSING INFORMATION:

State: _____ Expiration Date: _____ State: _____ Expiration Date: _____

State: _____ Expiration Date: _____ State: _____ Expiration Date: _____

Have your Professional License ever been investigated, suspended or placed on probation? Yes ___
No ___

If yes (attach explanation)

CERTIFICATION: (LIST ALL CERTIFICATIONS WITH EXPIRATION DATES)

CERTIFICATION

EXPIRATION DATE

EDUCATION: Name and location of school

Graduated year

Diploma/Degree

College: _____/_____/_____

High School: _____/_____/_____

Other school (if applicable) _____/_____/_____

Employment History**Please list all employment for the past 7 years beginning with most recent****Facility:** _____**Dates worked: From** _____ **To** _____

Address: _____

Reason for leaving: _____

Position Held: _____

Supervisor Name/Title: _____

Specialty: _____

Phone Number: _____

Facility: _____**Dates worked: From** _____ **To** _____

Address: _____

Reason for leaving: _____

Position Held: _____

Supervisor Name/Title: _____

Specialty: _____

Phone Number: _____

Facility: _____**Dates worked: From** _____ **To** _____

Address: _____

Reason for leaving: _____

Position Held: _____

Supervisor Name/Title: _____

Specialty: _____

Phone Number: _____

Facility: _____**Dates worked: From** _____ **To** _____

Address: _____

Reason for leaving: _____

Position Held: _____

Supervisor Name/Title: _____

Specialty: _____

Phone Number: _____

Do you have any physical limitations that will hinder your work as a NURSE/ CNA?

Yes____No____

If yes please

explain_____

Disclaimer and signature

I certify that the answers to the questions asked in this application are true and correct to the best of my knowledge. Misstatements or omissions of material facts may cause for immediate dismissal.

SIGNATURE_____

DATE_____