

Nurses Internet Staffing Services, Inc.

6055 E. Washington Blvd., Suite 409
Commerce, CA 90040
Tel (323) 720-9900
Fax (323) 720-9903



Application For Employment

Classification _____ Specialty _____ Date of Application _____

Name _____
Last First Middle Initial E-mail Address

Address _____
Number Street City State ZIP

Home Telephone (_____) _____ - _____ Pager / Cell Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

Average Days available for work: _____ Preferred Shift(s):
Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ [] 7am-3pm [] 3pm-11pm [] 11pm-7am
[] 7am-7pm [] 7pm-7am

Do you have a car? Yes / No Are you employed now? Yes / No
If no, can you provide your own transportation? Yes / No May we contact your present employer? Yes / No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes / No
Have you ever been injured on the job? Yes / No

If yes, give date _____ and explain _____

Were there any conditions that prevented you from working in acute facilities? Yes / No

If yes, give date _____ and explain _____

Have you ever been convicted of a felony? Yes / No

If yes, give date _____ and explain _____

If referred, name of the referring person _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, and the presence of a non-job related medical condition or handicap.



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PROFESSIONAL LICENSES

Type of License	License #	Expiration Date	Issuing State

EDUCATION AND TRAINING

Education	Name and Location of School	# of Years	Year Graduated	Degree √
Basic Nursing				[] Associate
				[] BSN
Graduating Nursing Education				[] MSN
				[] Other List Below
Certificate Program/Other				
Special Training Skills				



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PROFESSIONAL EXPERIENCE

From	To	Class	Specialty
Hospital / Agency		Address	
		City / State	
Hospital Supervisor		Tel Number	
Agency Staffing Manager		Tel Number	
Duties			
Reason For Leaving		Comments	

From	To	Class	Specialty
Hospital / Agency		Address	
		City / State	
Hospital Supervisor		Tel Number	
Agency Staffing Manager		Tel Number	
Duties			
Reason For Leaving		Comments	

From	To	Class	Specialty
Hospital / Agency		Address	
		City / State	
Hospital Supervisor		Tel Number	
Agency Staffing Manager		Tel Number	
Duties			
Reason For Leaving		Comments	

Names of Other Hospitals and Agencies You Worked in Last Three (3) Years:

How many years of acute experience do you have? _____



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PERSONAL REFERENCES

Please give three references that are not related to you.

Name	Relationship	Tel. Number
Address		

Name	Relationship	Tel. Number
Address		

Name	Relationship	Tel. Number
Address		

In case of an emergency, notify:

Name _____ Relationship _____

Telephone Number _____ Other Telephone Number _____

Address: _____

Comment: _____



PATIENT BILL OF RIGHTS

As a health care provider, personnel serve as an advocate for the patient. All personnel will adhere to the Patient Bill of Rights:

- The patient/patient's representative has a right to all information contained in the patient's medical record at the hospital and a right to examine the record upon request.
- The patient has the right to be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and care of personal needs.
- The patient has the right to be informed by the hospital of the address and telephone number of the complaint receiving unit of the State Department of Health and the right to file a complaint/grievance against any service or personnel with the agency, hospital or State Consumer Affairs without reprisal or disruption of services.
- The patient has the right to receive information from the staff to help the patient/family make informed decisions. The patient/family will be instructed in the patient's care and illness to aid the patient in becoming as independent as possible.
- The patient has the right to be assured that the personnel providing care are qualified through education, experience and licensing/certification to provide such services including the right to know the identity, professional status and role of hospital personnel.
- The patient has the right to prompt attention, especially in a medical emergency situation.
- The patient has the right to know what conduct and/or responsibilities are expected of them.
- The patient has the right to the same quality treatment given all patients and reasonable continuity of care regardless of race, color, national origin, sex, age, creed, and mental or physical handicap.
- The patient has the right to be fully informed prior to or at the time of admission of services available in the hospital and of related charges, including non-coverage or termination of his/her eligibility, examine an itemized and detailed bill for services rendered.
- The patient has the right to be fully informed by the physician of his/her medical condition, unless contraindicated, or any procedure (informed consent) and to be allowed the opportunity to participate in the planning of his/her medical treatment including the right to refuse to participate in experimental research.
- The patient has the right to informed participation in establishing their treatment plan and the right to refuse any personnel or discontinue services at any time with or without physician approval.
- The patient has the right to be assured of confidential treatment of personal information and medical records including the right to approve or refuse their release to any individual outside the hospital except in the case of transfer to another facility or as required by law or third party payment contract. The patient/responsible party will sign a release of information form if a record is needed. Case discussion will be limited to persons involved in care and treatment except as otherwise dictated by law or third party payment contract.

Personnel are expected to report the following events to a supervisor:

- Any action, order or treatment which in the professional judgment of the individual appears to be potentially harmful to the patient.
- Patient complaints regarding their care.

Applicant Signature: _____

Date: _____



CONFIDENTIALITY OF PATIENT INFORMATION

Nurses Internet Staffing Services, Inc. acknowledges both legal and ethical responsibility to protect the privacy of patients and employees. Consequently, the indiscriminate or unauthorized review, use, or disclosure of personal information, medical or otherwise, regarding any patient or employee is expressly prohibited.

Except when required in the regular course of business, the discussion, use, transmission, or narration in any form of any patient information, which was obtained in the regular course of your employment, is STRICTLY forbidden.

Those individuals, who also have access to employee information, are expected to respect and treat the confidentiality of such information in the same manner as that of patient information.

Any violation of this policy shall constitute grounds for severe disciplinary action, including possible termination of the offending employee.

I have read and understand the significance of this policy.

Applicant Signature: _____ Date: _____



EMPLOYMENT AGREEMENT

Nurses Internet Staffing Services, Inc. is a nurse staffing agency. The number of hours worked by our nursing staff is based on a combination of needs by our client hospitals, the availability and flexibility of the nurse, and the nurse's matching qualifications as required by our client hospitals. **Nurses Internet Staffing Services, Inc.** does not guarantee any number of hours for a shift in any given day or week. Even if the nurse has worked a full week, he/she can not expect to work the same number of hours in the next days, weeks or months to follow.

This employment agreement is non-exclusive. While employed with **Nurses Internet Staffing Services, Inc.**, our nursing staff is free to seek employment at other staffing agencies, as well as other medical facilities for that matter.

Although we will do everything possible to meet our nursing staff's scheduling needs, however, we cannot guarantee the proximity of work to home, *i.e.* within walking distance, or near a bus line, etc. If the nurse does not have a car, **Nurses Internet Staffing Services, Inc.** will not be responsible for the nurse's transportation arrangements.

Any controversy or claim arising out of or related to this agreement, or breach of it, shall be settled by arbitration in accordance with applicable laws.

As employee of **Nurses Internet Staffing Services, Inc.**, the nurse is expected and required to put patient safety and quality of care above everything else.

My signature certifies that I have read and understand the above statement. It is also an indication that all information contained within my application is correct and may be verified by Nurses Internet Staffing Services, Inc. in compliance with the California Labor Law.

Applicant Signature: _____ Date: _____

FLOAT POLICY

Registry nurses assigned to work in the hospital may be subject to reassignment (floating) to a unit other than the initial assignment. Such reassignment may be to a unit reasonably consistent with the nurse's professional qualifications and experience.

Nurses Internet Staffing Services, Inc. expects our nursing staff to be flexible to float from one unit to another. Our nurses must accept transfer of assignment only when he/she has the capacity and experience to work in the reassigned unit. In a case where the nurse is to be reassigned to an area he/she does not feel competent, the nurse should explicitly explain to the hospital the reason for the refusal and should so inform the registry immediately.

In the event that a nurse refuses to accept the transfer, the hospital, as stated in the hospital contracts, may dismiss the nurse during the shift and at the hospital's sole discretion may instruct the nurse not to return to their facility for any future scheduled shifts. Nonetheless, the nurse will be compensated for the number of hours actually worked for that particular shift.

Applicant Signature: _____ Date: _____



CAPPING

Many employees have frequent contact with various organizations, union groups, welfare agencies, insurance representatives and others. Knowing of these outside agencies and how they can serve patients is important information for many employees involved with direct patient contact.

From time to time a patient may require the need for outside legal services and ask an employee for the name of an attorney or law firm. Under no circumstances may any employee refer any patient to a specific attorney or law firm for legal assistance. The County Bar Association has a lawyer's referral service to handle requests of this nature.

Capping is the practice of soliciting business for lawyers. It is a criminal offense and both the capper and the attorney are subject to prosecution for capping (a misdemeanor) and conspiracy (a felony). Action 6152 of the Business and Professions code is reproduced for our information.

6152 Prohibition of Solicitation

"It is unlawful for any person, in his individual capacity or in his capacity as a public or private employee, or for any firm, corporation, partnership, or association to act as a runner or capper for any such attorneys in and about the state prisons, county jails, city prisons, or other places of detention of persons, city receiving hospitals, city and county receiving hospitals, county hospitals, justice courts, municipal courts, superior courts, or in any public institution or in any public place or upon any public street or highway or in and about private hospital, sanitariums or in and about any private institution or upon private property of any character whatsoever."

Severe disciplinary action up to and including termination will be taken against any employee who refers a patient to a specific attorney or law firm.

Applicant Signature: _____

Date: _____



AUTHORIZATION FOR BACKGROUND CHECK

I, _____ hereby authorize Nurses Internet Staffing Services, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Nurses Internet Staffing Services, Inc. will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment will not be processed further.

Information on my background check results will be kept separate from other employee information and will be maintained confidentially. Access to this information will be limited to my employer and its client hospitals. I also hereby authorize Nurses Internet Staffing Services and its client hospitals to have access to my background check results.

Applicant Signature: _____ Date: _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby grant permission for my employer and its client hospitals to have access to my medical records and accordingly authorize my employer to contact any health care provider for the release of such medical records.

Access to my medical and all health information on this application package will be limited to my employer, Nurses Internet Staffing Services, Inc., and all its client hospitals.

Applicant Signature: _____ Date: _____

EMPLOYEE'S CONSENT FOR DRUG SCREENING

I understand that it is a policy of Nurses Internet Staffing Services, Inc. for its employees to undergo a drug-screening test. Therefore, I hereby consent to the collection of a urine/blood sample and its forensic analysis for drugs of abuse. I further authorize the laboratory to release the results of this test to my employer, prospective employer, my employer's authorized personnel or medical review officer.

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REFERENCE CHECK

Name of Applicant: _____ Social Security No: _____

Address: _____

Hospital: _____ Telephone: _____

Address: _____

Contact: _____ Date Employed: From _____ To _____

Position Held: _____ Reason For Leaving: _____

Employee Authorization

I, _____, the undersigned, have applied for employment with Nurses Internet Staffing Services, Inc. and I authorize them to collect any information concerning my qualifications and past performance. Further, I hereby release the company or person completing this form from any and all liability in providing the requested information.

Applicant Signature _____ Date _____

TO BE COMPLETED BY THE EMPLOYER

Would You Rehire? Yes No If you marked "no," why not? _____

PLEASE CHECK THE APPROPRIATE RATING:

PERFORMANCE	Above Average	Average	Below Average
QUALITY OF WORK			
DEPENDABILITY			
COOPERATION			

Additional Comments:

_____	_____	_____	_____
Print Name	Signature	Date	Position



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Would You Rehire? Yes No If you marked "no," why not? _____

PLEASE CHECK THE APPROPRIATE RATING:

PERFORMANCE	Above Average	Average	Below Average
QUALITY OF WORK			
DEPENDABILITY			
COOPERATION			

Additional Comments:

_____	_____	_____	_____
Print Name	Signature	Date	Position