

JOB APPLICATION

Mercury Staffing Inc, comply with all applicable laws of the State of New York, New Jersey and Pennsylvania the Federal Government regarding employment practices. These statutes prohibit discrimination in employment based on race, color, sex, age, nationality, creed, and physical or mental disability.

Personal Information:
First Name:
Middle Name:
Last Name:
Current Address:
City:
State & Country:
Telephone Number: Country Code: Phone:
E-Mail Address:
Birth Date:
Birth Place:

Family Information:		
Spouse Name:		
Birth Date: (mm/dd/yy) Birth Place:		
Current Address:		
Children:	Name	Birth Date
1)	.....	.....
2)	.....	.....
3)	.....	.....

General Information:

What is country of origin?

In what country are you now?

Are you currently working as a Nurse?

In which specialty?

Current visa status (if applicable):

Position Applied for:

Specify type of work desired:

How did you find out about this job?

When you will be ready to come? (mm/dd/yy)

Have you ever been in USA?

Do you have relatives in the USA?

If yes ... Name: Address:

Contact No.

Do you have Nurse friends who want to come to USA?

If yes ... Name:

Address: Contact No.

Education & Professional Licenses:

School/College/University	Dates attended
.....
.....
.....
Other Courses/Certification:	
.....	

Examinations Passed:

CGFNS? If no when you are scheduled? www.cgfns.org
 NCLEX? If no when you are scheduled? www.ncsbn.org
 TOEFL? If no when you are scheduled? www.ets.org
 TSE? If no when you are scheduled? www.ets.org

Nursing Specialty:

Experience Classification	Experience in Number of Months
1. Critical Care/ICU/Telemetry
2. Critical Care/CCU
3. Pediatric (Maternal Child Care)
4. Clinical Nurse Specialist
5. Cardiac Cath Lab
6. Maternal Child Care
7. Medical/Surgical
8. Emergency
9. Home Health Care
10. Hospice
11. Labor & Delivery (Obstetrics)/Neonatal
12. Long Term Care (Nursing Home)
13. Management Mgrs./Coord./Team/Chg.
14. Maternal Child Health
15. Surgery/Operating Room
16. Dialysis
17. Oncology

18. Obstetrics	.....
19. Case/Care Manager	.....
20. Physicians Office Clinic Staff	.....
21. Psychology Mental Health	.....
22. Rehabilitation	.....
23. Specialty Area	.....
24. Staff Nurse	.....
25. Surgery Management/Administration	.....
26. Surgery RNFA	.....
27. Medical/Physicians Office	.....
28. Utilization Review/QA	.....
29. Women's Health	.....

Employment History:

(1) Employer: Dates:

Address: Job Title:

Title and duties performed:

(2) Employer: Dates:

Address: Job Title:

Title and duties performed:

(3) Employer: Dates:

Address: Job Title:

Title and duties performed:

(4) Employer: Dates:

Address: Job Title:

Title and duties performed:

Whom should we contact in case of emergency?

Name: Tel:

Address:

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PLEASE READ CAREFULLY

I certify that the statements made on this application are true and correct to the best of my knowledge and belief and hereby grant Mercury Staffing Inc. permission to verify such answers. I understand that any false statement on this application will be considered as sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my employment. I authorize written access to any records concerning my education or employment background. I understand, that if, any inquiry is made, all information as to its nature and scope will be supplied upon written request. I will have to pass a post-employment physical examination, as a condition of employment. If this application is considered favorably, I agree to abide by and comply with all the employer's rules. Your ability to complete this application clearly and effectively will be considered requirement for the job for which you are applying. As a policy of our agency, employees must have the ability to travel to clients throughout our service area. If traveling by automobile, current vehicle registration, automobile insurance and driver's license must be on file.

Applicant's Signature:

Date and Time:

Place:

Please Do Not Write In This Space Human Resources Use Only

Referred for Interview:			Date of Interview:		
Department number/name	Status	Job Title	Starting Salary	Starting Date	Scheduled hours/shift
Additional Comments:					

Verified/Reviewed By: Date: