



Internet Application for Employment Premier Healthcare Professionals

Please fill out the following application completely and return either by fax to 866-666-2622 attn: Daniel Brennan or email to dbrennan@travelphp.com.

Name: _____ SS# _____

Address: _____

Phone: _____ Cell #: _____

Email Address: _____

Name of Nursing or Technical School: _____
City/State: _____
Year Graduated: _____
Degree Obtained: _____

Specialty of Nursing (please list all): _____
Number Years of Experience: _____

States(s) License:	License #	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others Licenses:

Has any license ever been under investigation? If yes, please give explanation and final result.

Do you have any malpractice or negligence suits pending? (yes)____ (no)____
If yes, please provide details:

BLS expiration date: _____

ACLS expiration date: _____

PALS expiration date: _____

NRP expiration date: _____

Other certifications and either date of class or expiration date:

Please list your most recent employer first. If working through an agency, please indicate hospital name and address as well as agency. Please sign the employment application, by electronic signature that is located at the end of this application.

Dates: _____
Hospital: _____
City/State: _____
Unit: _____
Number of beds: _____
Was this a travel assignment? _____
Manger Name & Phone Number: _____
Brief description of duties: _____

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Unit: _____
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Additional Employment

Date: _____
Hospital: _____
City/ State: _____
Unit: _____
Number of Beds: _____
Was this a travel assignment? _____

Date: _____
Hospital: _____
City/ State: _____
Unit: _____
Number of Beds: _____
Was this a travel assignment? _____

Date: _____
Hospital: _____
City/ State: _____
Unit: _____
Number of Beds: _____
Was this a travel assignment? _____

Date: _____
Hospital: _____
City/ State: _____
Unit: _____
Number of Beds: _____
Was this a travel assignment? _____

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may results in disqualification from further consideration or termination of representation. I also understand and agree that I am an employee "at will" and that PHP does not guarantee any number of contracts.

I authorize PHP to contract the above listed personnel to obtain any employment history, credentials and any other relevant information. If there are any persons listed you wish us to contact, please indicate and explain why.

Electronic Signature: _____ Date: _____