

Legal Questions

1. At any time before or after becoming a healthcare professional, have you ever been charged with a crime or been convicted or pled guilty or no contest (nolo contendere) to any criminal charge (whether disciplined or cleared)?

Yes No *If yes, please indicate dates, conviction, final outcome and attach a separate sheet with full particulars.*

Date _____ Conviction _____

Outcome _____

2. Are you aware of any circumstances, which may result in a malpractice claim or suit being made or brought against you?

Yes No *If yes, please indicate dates, circumstances and attach a separate sheet with full particulars.*

Date _____ Circumstances _____

Outcome _____

3. Has any medical malpractice claim or suit ever been brought or threatened against you or your employer for your acts?

Yes No *If yes, please provide detail of the suit and its current status and attach a separate sheet with full particulars.*

Date _____ Circumstances _____

Outcome _____

4. Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency, regulatory board, or State Board of Nursing, or ever been the subject of any ethics investigation at local, state or national level (whether disciplined or cleared)?

Yes No *If yes, please indicate dates, circumstances, final outcome and attach a separate sheet with full particulars.*

Date _____ Circumstances _____

Outcome _____

Current Employment:

Are you currently employed? Yes No

Hospital Name _____

City _____ State/Province _____

Dates employed _____ - _____

Hospital Type: Teaching Non-teaching

Reason for leaving? _____

Position Held _____ Hourly wage _____

Unit Specialty _____

Part Time (Hours per week? _____) Full Time

Avg Patient Ratio _____ Hospital Beds _____

Unit Beds _____ Type of Nursing Primary Team

Charge Experience: Yes (How often? _____) No

Supervisor _____

Phone () _____ ext. _____

Is this a travel assignment? Yes No

If so, what travel company? _____

May we contact your current employer? Yes No

Previous Employment:

Hospital Name _____

City _____ State/Province _____

Dates employed _____ - _____

Hospital Type: Teaching Non-teaching

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Part Time (Hours per week? _____) Full Time

Avg Patient Ratio _____ Hospital Beds _____

Unit Beds _____ Type of Nursing Primary Team

Charge Experience: Yes (How often? _____) No

Supervisor _____

Phone () _____ ext. _____

Is this a travel assignment? Yes No

If so, what travel company? _____

May we contact employer? Yes No

The statements made in this application are true to the best of my knowledge. I understand that any falsification will be the basis for disqualification of employment or termination of services. I authorize Cross Country Local to verify the information I have provided and to contact past employers and references concerning my ability, character and employment records. I release all such persons from liability for furnishing said information. I authorize CC Staffing, Inc., an affiliate of Cross Country Local and my employer, to release a copy of this employment application and any medical information which may be relevant to my employment to their client facilities. By applying to Cross Country Local, I authorize release of this information to all other affiliates of the Company and I acknowledge and agree that they may contact me using facsimile or any other means. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between CCS and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant's proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.

X
Signature _____

Date _____

Previous Employment
List the most recent employer first.

Name _____

Please complete all information for each hospital. If any of the employers listed below are day agencies, please provide the name of the agency as well as the name of the hospital where you provided per diem care (i.e., list each hospital you worked at separately and include the agency name as well).

Previous Employment:	
Hospital Name _____ City _____ State/Province _____ Dates employed _____ - _____ Hospital Type: <input type="radio"/> Teaching <input type="radio"/> Non-teaching Reason for leaving? _____ Position Held _____ Hourly wage _____ Unit Specialty _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Avg Patient Ratio _____ Hospital Beds _____ Unit Beds _____ Type of Nursing <input type="radio"/> Primary <input type="radio"/> Team Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone () _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____ May we contact employer? <input type="radio"/> Yes <input type="radio"/> No	Hospital Name _____ City _____ State/Province _____ Dates employed _____ - _____ Hospital Type: <input type="radio"/> Teaching <input type="radio"/> Non-teaching Reason for leaving? _____ Position Held _____ Hourly wage _____ Unit Specialty _____ <input type="radio"/> Part Time (Hours per week? _____) <input type="radio"/> Full Time Avg Patient Ratio _____ Hospital Beds _____ Unit Beds _____ Type of Nursing <input type="radio"/> Primary <input type="radio"/> Team Charge Experience: <input type="radio"/> Yes (How often? _____) <input type="radio"/> No Supervisor _____ Phone () _____ ext. _____ Is this a travel assignment? <input type="radio"/> Yes <input type="radio"/> No If so, what travel company? _____ May we contact employer? <input type="radio"/> Yes <input type="radio"/> No
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Previous Employment
Continued

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 Dates employed _____ - _____
 Hospital Type: Teaching Non-teaching
 Reason for leaving? _____
 Position Held _____ Hourly wage _____
 Unit Specialty _____
 Part Time (Hours per week? _____) Full Time
 Avg Patient Ratio _____ Hospital Beds _____
 Unit Beds _____ Type of Nursing Primary Team
 Charge Experience: Yes (How often? _____) No
 Supervisor _____
 Phone () _____ ext. _____
 Is this a travel assignment? Yes No
 If so, what travel company? _____
 May we contact employer? Yes No

Hospital Name _____
 City _____ State/Province _____
 Dates employed _____ - _____
 Hospital Type: Teaching Non-teaching
 Reason for leaving? _____
 Position Held _____ Hourly wage _____
 Unit Specialty _____
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