

ALLIED EMPLOYMENT APPLICATION



A THMED Company

GENERAL INFORMATION										
First Name				Last Name				M.I.		
Other Names Used										
Home Phone				Work Phone				Mobile Phone		
Email Address				Best Time to Contact						
Discipline				Secondary Discipline						
Specialty				Secondary Specialty						
Years of Experience				Date Available:						
Have you ever worked as a Traveler?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
CONTACT INFORMATION										
Current Street Address										
City				State				Zip		
Permanent Address										
Permanent City				Perm State				Perm Zip		
EMERGENCY CONTACT INFORMATION										
<i>Please list at least one.</i>										
Full Name				Relationship						
Address				Phone						
Full Name				Relationship						
Address				Phone						
EDUCATION										
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
LICENSES/CERTIFICATIONS (PLEASE LIST ALL ACTIVE AND INACTIVE LICENSES)										
License Type				License Number						
State			Expiration			Restrictions				
License Type				License Number						
State			Expiration			Restrictions				

PREVIOUS EMPLOYMENT (PLEASE LIST LAST 10 YEARS OF EMPLOYMENT HISTORY)			
New Grad?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Position Title	
Current Employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Discipline		Specialty	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Travel assignment? YES <input type="checkbox"/> NO <input type="checkbox"/> Travel Company Name:			
Company		Phone	
Address		Position Title	
Current Employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Discipline		Specialty	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Travel assignment? YES <input type="checkbox"/> NO <input type="checkbox"/> Travel Company Name:			
Company		Phone	
Address		Position Title	
Current Employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Discipline		Specialty	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Travel assignment? YES <input type="checkbox"/> NO <input type="checkbox"/> Travel Company Name:			
If you need more space, please include an attachment with this application of additional employers.			

DISCLOSURE QUESTIONS	
Are you a U.S. Citizen or can you verify your legal right to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your license or certification ever been investigated or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever received a reprimand or been fined by any state licensing board?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been disciplined by a federal or state governmental health program (ie: Medicare or Medicaid)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you ever failed your national certification exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your name ever been listed on any sexual offender registry (federal or state)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

RELEASE OF INFORMATION AND SIGNATURE

By my signature below, I authorize Medestar to confirm information contained on any document that I provide to Medestar, including my curriculum vitae, and to conduct background and reference checks on me regarding any information related to possible placement as a locum tenens provider. This includes information on my education, licensing, work history, Medicare/Medicaid sanctions, malpractice claims and insurance eligibility. Medestar may gather the information from various sources including, but not limited to, consumer reporting agencies, hospitals, medical institutions or organizations, personal references, physicians, employers (past and present), business and professional associates (past and present), governmental agencies and instrumentalities (local, state, federal, or foreign), university transcript offices, medical schools, the Office of Inspector General and the Federation of State Medical Boards.

I consent to Medestar sharing this information with Medestar clients and affiliates, government or other licensing entities, or professional liability insurers. I understand that, upon my request, Medestar will disclose to me the nature and substance of the information in accordance with federal law. A request for disclosure of information must be made in writing and directed to my Recruiting Consultant.

I authorize the above-named entities and individuals to release to state licensing boards, hospitals, and Medestar any information (written or oral), including medical information, files or records about me in their possession required for evaluation of my qualifications for placement as a locum tenens provider. I hereby release the above-named individuals and entities, including Medestar and its agents, from liability or damages that may result from the release of information described above.

I am signing this release for the purpose of allowing Medestar to assist in my request for a license to practice in my profession and to assist in my efforts to work as a locum tenens provider for Medestar’s clients.

Signature

Date