

CANDIDATE SUBMISSION

Please complete and attach as a cover page for all submissions.

AGENCY

Agency Name _____ Agency Contact _____

Phone _____ Email _____

CANDIDATE

Name _____ Phone _____

Best time to reach _____ Address on DL _____

Email _____ Skill/Specialty _____

Available to start _____ Requested shift from job order _____ a.m. p.m.

_____ # of years of professional experience _____ # of years of travel experience _____ # of recent years of experience in area submitted

Is the candidate authorized to work lawfully in the United States? Yes No

Will the candidate, now or in the future, require the facility to which they are being submitted to commence (sponsor) an immigration case in order to employ the candidate (for example, H-1B or other employment-based immigration case)? Yes No

REQUESTED TIME OFF

HOURLY RATE (IF NON-STANDARDIZED)

Hourly _____ Holiday/Overtime _____

List candidate license and required certifications required with expiration dates:

LICENSE INFORMATION

_____ Exp. _____

_____ Exp. _____

_____ Exp. _____

CERTIFICATION INFORMATION (PALS, BLS, ACLS, ETC.)

_____ Exp. _____

_____ Exp. _____

_____ Exp. _____

SUBMISSION ATTACHMENTS

Resume or application

Professional license or certification for position submitted

Nursys or applicable license verification

Minimum of two professional supervisor references or evaluations

Recent skills checklist

Requested time off listed

Notes summary: