

**Millennium Medical
Staffing, Inc.**

2488 Grand Concourse, 3rd Fl.
Bronx, NY 10465

Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap or veteran status.

Last Name First Name Middle Initial

_____/_____/_____
Today's date

Street Address

Home Telephone

City State Zip Code

Cellular Telephone

Position Desired

Salary Desired

Availability Date

_____/_____/_____
Social Security Number

Are you eligible for employment in the United States?

NO

YES

If "yes" which work authorization do you have? (Check one) Green Card Resident Alien Card other

Do you have any other special training or skills (Languages, CPR Training, IV Therapy, Phlebotomy, etc.) List them, if any:

How did you hear about us? Friend/colleague Internet Sales Call Job Fair Recruiter

If "Friend/colleague," what is their name: _____

Have you ever been convicted of a misdemeanor or felony? YES NO If "yes", describe nature of the crime.

Have you ever been the subject of a disciplinary action by the NYS Board of Regents? YES NO If "yes" provide the

date, nature and Regent's action taken against you: _____

Employment History

Please give complete full and part-time employment information. Start with your present or most recent employer.

Company name

From To
(MM/YY) (MM/YY)

Company Address

Start End

Position Supervisor

Salary

Describe your duties: _____

()

Telephone Number

Reason for leaving: _____

Company name

From To
(MM/YY) (MM/YY)

Company Address

Start End

Position Supervisor

Salary

Describe your duties: _____

()

Telephone Number

Reason for leaving: _____

Professional References

(Do not include family members or friends.)

Name	Phone Number(s)	Occupation
1)	()	
2)	()	
3)	()	

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s): _____ , _____ , _____ Reason: _____ _____

Education	School Name/Location	Major	Grad. Date	Diploma/Degree
Under Graduate				
Graduate				
Training Program				

WHERE DO YOU WANT TO WORK?

Check the box of the location to which you would be willing to commute:

<input type="checkbox"/> The Bronx	<input type="checkbox"/> Nassau	<input type="checkbox"/> Staten Island
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Putnam	<input type="checkbox"/> Westchester (Lower)
<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Westchester (Upper)

How many months or years of experience do you have in your current license?

WHAT SHIFTS AND DAYS DO YOU WANT TO WORK?

12hr Days (M, Tu, Wd, Th, Fr, Sa, Su)

12hr Nights (M, Tu, Wd, Th, Fr, Sa, Su)

7am - 3pm (M, Tu, Wd, Th, Fr, Sa, Su)

3pm - 11pm (M, Tu, Wd, Th, Fr, Sa, Su)

11pm - 7am (M, Tu, Wd, Th, Fr, Sa, Su)

Which do you prefer: per diem work fulltime work

How many shifts do you want to work per week? _____

What is your means of transportation: Own Car Public Transportation

PLEASE READ CAREFULLY

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of Millennium Medical Staffing, and the healthcare facility to which I am assigned. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I understand that this employment application is not a contract of employment, and that any individual who I shired may voluntarily leave employment upon notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and dismissed from all three due to issues of misconduct (i.e. frequent shift cancellations, med. errors, etc.), then Millennium Medical Staffing reserves the right to terminate my employment. Finally, I understand that Millennium Medical Staffing reserves the right to extend or terminate my employment based on the criminal history information findings.

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____ / _____ / _____

Recruiter Initials: _____