



4041 Powder Mill Road, Suite 107
 Beltsville, Maryland 20705
 Voice: 240-387-6300 Fax: 240-387-6298
 www.ISSfinance.com

Employment Application

Date: _____

First Name: _____ MI: _____ Last Name: _____ Social Security Number: _____

Current Address: _____
Street City State Zip Code

Home Telephone: _____ Cellular Telephone: _____ EMAIL Address: _____

Emergency Contact: _____ Telephone: _____ Other Telephone: _____

Have you been a defendant in a felony or misdemeanor case other than traffic violations?

Yes No If YES, please explain _____

Are you currently employed? Yes No If YES, may we contact your employer? Yes No

Educational Background

Name and Location of School(s)	Graduation Date	Type of Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

(Please list six (6) business references of individuals that have worked with you in the past include supervisors, peers, and subordinates)

Name: _____ Telephone Number: _____ EMAIL: _____

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Name: _____ Telephone Number: _____ EMAIL: _____

Name: _____ Telephone Number: _____ EMAIL: _____

(Please list one (1) personal reference:

Name: _____ Telephone Number: _____ EMAIL: _____

The completion of this application authorizes Innovative Staffing Solutions, Inc. to contact the above named references in order to accurately evaluate your previous experience and suitability for the position for which you are applying.

You will be evaluated on the following criteria: Quality of Work, Productivity, Professionalism, Flexibility, Leadership Ability, Communication Skills, Attendance/Punctuality, and Clinical Skill Level.

It is understood that your completion of this application releases the above named references from any liability or claims which may arise as a result of any information provided pursuant to this reference request.

Employment History

(Complete information regarding your employment history for the last 5 years. Begin with your present or most current position.)

Have you been asked not to return to a facility in which you were staffed by another agency? Yes No

If yes, which facility/facilities _____

Employment Dates From _____ To _____

Hospital/Facility _____

Address _____
Street City State Zip Code

Immediate Supervisor _____ Telephone No. _____ May we contact this person? Yes No

Specialty/Unit _____ Types of Patients _____

Number of Beds _____ Supervisory experience? Yes No Was this an agency assignment? Yes No

Reason for leaving _____

Employment Dates From _____ To _____

Hospital/Facility _____

Address _____
Street City State Zip Code

Immediate Supervisor _____ Telephone No. _____ May we contact this person? Yes No

Specialty/Unit _____ Types of Patients _____

Number of Beds _____ Supervisory experience? Yes No Was this an agency assignment? Yes No

Reason for leaving _____

Employment Dates From _____ To _____

Hospital/Facility _____

Address _____
Street City State Zip Code

Immediate Supervisor _____ Telephone No. _____ May we contact this person? Yes No

Specialty/Unit _____ Types of Patients _____

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Hospital/Facility _____

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