



FIRST CALL NURSING SERVICES
 AMPG Healthcare Solutions, Inc.
 1313 North Milpitas Blvd. Ste. 154, Milpitas, CA 95035
 Telephone: (408) 262-1533 Fax: (408) 490-1801

www.firstcallnursingservices.com

AN EQUAL OPPORTUNITY EMPLOYER

Notice to Applicant: First Call Nursing Services (First Call) is an equal opportunity employer and does not discriminate on the basis of an applicant's race, color, religion, sex, national origin, citizenship, age, physical or mental disability, or any other characteristic.

APPLICATION FOR EMPLOYMENT

NAME (Last, First, MI): _____ DATE Today: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DOB: _____ Home Phone: (____) _____ Cellular Phone: (____) _____
 E-mail address: _____

Licensure/Position Information

CLASSIFICATION: _____ LICENSE #: _____ EXP. DATE: _____
 Original State of Licensure _____ License # _____ Exp. Date _____
 Have you ever worked for First Call before? _____ If so, when / what year? _____
 If employed by First Call, what date are you available to begin work? _____ Shift Preference? _____
 Are you available – FULL time? _____ PART time? _____ Weekends? _____ Willing to TRAVEL? _____
 Preferred days of the week? _____

Years in Previous Experience

UNIT	Years	UNIT	Years	UNIT	Years	UNIT	Years
ICU/CCU/TCU:	____ yrs	Tele:	____ yrs	Labor/Delivery:	____ yrs	Sub-Acute:	____ yrs
PICU/NICU:	____ yrs	MS:	____ yrs	Mother/Baby:	____ yrs	Flu Shots:	____ yrs
ICU Step-Down:	____ yrs	OR:	____ yrs	Pediatric/Nursery:	____ yrs	Skilled Nursing:	____ yrs
PACU:	____ yrs	ER:	____ yrs	Psych:	____ yrs	Others:	____ yrs

Achievements, special training and skills, other languages, certifications, etc.

Education Record (Include all)

School / Institution & Years Attended (from-to)	Major / Area of Study	Degree/ No. of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about First Call ?

Local Newspaper _____ Internet _____ Newsweek _____ Souvenir Program _____
 Yellow Pages _____ First Call Employee Name _____
 Other _____



FIRST CALL NURSING SERVICES
AMPG Healthcare Solutions, Inc.
1313 North Milpitas Blvd. Ste. 154, Milpitas, CA 95035
Telephone: (408) 262-1533 Fax: (408) 490-1801

www.firstcallnursingservices.com

EMPLOYMENT RECORD (Please list 4 most recent employers-Nursing positions only)

EMPLOYER'S NAME:
ADDRESS:
TELEPHONE #: () SUPERVISOR:
JOB TITLE: EMPLOYED FROM: / / TO: / / /
DUTIES:
REASON FOR LEAVING: SALARY: \$ /HOUR

EMPLOYER'S NAME:
ADDRESS:
TELEPHONE #: () SUPERVISOR:
JOB TITLE: EMPLOYED FROM: / / TO: / / /
DUTIES:
REASON FOR LEAVING: SALARY: \$ /HOUR

EMPLOYER'S NAME:
ADDRESS:
TELEPHONE #: () SUPERVISOR:
JOB TITLE: EMPLOYED FROM: / / TO: / / /
DUTIES:
REASON FOR LEAVING: SALARY: \$ /HOUR

EMPLOYER'S NAME:
ADDRESS:
TELEPHONE #: () SUPERVISOR:
JOB TITLE: EMPLOYED FROM: / / TO: / / /
DUTIES:
REASON FOR LEAVING: SALARY: \$ /HOUR



FIRST CALL NURSING SERVICES
AMPG Healthcare Solutions, Inc.
1313 North Milpitas Blvd. Ste. 154, Milpitas, CA 95035
Telephone: (408) 262-1533 Fax: (408) 490-1801

www.firstcallnursingservices.com

PROFESSIONAL REFERENCES

List two MOST RECENT supervisors or others who are familiar with your work performance.

NAME/TITLE: PHONE: ()

ADDRESS:

CITY: STATE: Zip:

NAME/TITLE: PHONE: ()

ADDRESS:

CITY: STATE: Zip:

PERSONAL REFERENCES (at least one)

(Reference/s who can attest to your character and whom you have known at least five years.)

NAME/TITLE: PHONE: ()

ADDRESS:

CITY: STATE: Zip:

NAME/TITLE: PHONE: ()

ADDRESS:

CITY: STATE: Zip:

QUESTIONNAIRE - Please answer the following questions.

For every "YES" answer, please provide a detailed explanation on a separate sheet of paper.

A "yes" response to any of the questions will not necessarily be a bar to employment.

- 1. Do you have a valid California driver's license?
2. Can you provide proof after you are hired that you can legally work in the United States?
3. Have you ever held a nursing license or certification under any other name?
4. Have you ever had any professional disciplinary action taken against you or any of your licenses?
5. Has your license or certification ever been investigated or suspended?
6. Have you ever been convicted of a felony or a criminal offense (felony or misdemeanor)?
7. Have you ever been named as a defendant in a professional liability action?
8. Is there any reason First Call Nursing Services would not be able to assign you to any employer that you listed?
9. Can you, with or without accommodation, accomplish all of the essential functions of the job for which you are applying?



FIRST CALL NURSING SERVICES
AMPG Healthcare Solutions, Inc.
1313 North Milpitas Blvd. Ste. 154, Milpitas, CA 95035
Telephone: (408) 262-1533 Fax: (408) 490-1801

www.firstcallnursingservices.com

I authorize, without reservation, First Call Nursing Services to verify and to release any information contained in this application, including, but not limited to background verifications, searches, certificates, certifications, education, employment validations, immigration, licensures, and medical history. I authorize all present and previous employers, educational institutions, public agencies, licensing authorities, Client Facilities, and personal and other references to provide all information they may have regarding me. I voluntarily and knowingly release each of the above and First Call Nursing Services from liability and waive all claims arising from providing or releasing any of this information or from denial or withdrawal of employment. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform First Call Nursing Services in writing that I wish to revoke this authorization.

First Call Nursing Services supports a drug-free workplace. Accordingly, applicants may undergo drug screening as a condition of employment. Applicants who refuse will not be considered for employment and no guarantee is made that an applicant who passes the tests will be hired. If the results of the pre-employment drug and alcohol tests are positive, the applicant will be disqualified from employment consideration with First Call Nursing Services Test results are kept confidential with First Call Nursing Services and Client.

I understand my employment is dependent upon submitting to and successfully completing, to the satisfaction of both First Call Nursing Services and Client Facility, all portions of the health clearance required before starting employment and any required physical examinations thereafter. This may include special examinations that test for the presence of alcohol, drugs or any other substances that could affect my abilities to safely perform the functions of the position.

I agree to fully comply with the policies, procedures, and standards of First Call Nursing Services and Client Facilities. I will fully comply with any state, federal, statutory, regulatory, or governmental requirements to which either First Call Nursing Services or Client Facility is subject to. These policies, procedures, and standards can be modified from time to time.

I understand the position being applied for requires reliable attendance and dependable performance during the contemplated work hours. I understand that if I am employed, my work schedule may include various shifts and/or assignments and is subject to change in wages, conditions, benefits, and operating policies.

I understand and agree that acceptance of an offer of employment does not create a contractual obligation upon First Call Nursing Services to continue to employ me in the future; that my employment can be terminated at will, with or without cause or notice at my option or the option of First Call Nursing Services This document does not constitute an offer for employment and return of this document does not constitute an acceptance of employment. An employment relationship, which shall at all times be at-will, can only be created by subsequent written statement of First Call Nursing Services.

I certify that the information provided in this application is true, correct, and complete. I understand that any misrepresentation, omission, or falsification on this application is sufficient cause to prevent hiring, or, if hired, termination of employment. My signature below acknowledges that I have read and understood the above disclosures, waivers, and representation.

Name (Print): _____ Date ____/____/____

Signature: _____