

GRACE Staffing Inc.

Online Application Form

Please fill our application entirely, incomplete applications will delay processing.

Fields with an asterisk (*) must be filled out or your application will not be processed.

General Information

First Name*

Last Name*

Middle Initial

Nickname

Mailing Address*

City*

State*

Zip*

Permanent Address*

City*

State*

Zip*

Phone

Email

Are you a U.S.

Yes

No

Citizen? Who referred

you?*

In Case of Emergency

Relationship*

Contact Name*

Contact Phone*

Contact Address* City*

State*

Zip*

GRACE Staffing Inc.

Professional Credentials

(List most current experience first.)

Specialty 1*

Years of Experience* As of (indicate date)*

Specialty 2

Years of Experience As of (indicate date)

Specialty 3

Years of Experience As of (indicate date)

*Credentials**

ACLS	CHEMO	BCLS/CPR	OCN	NRP	PALS
CEN	TNCC	CNOR	CRNN		
Critical Care Course		Certified First Assist			

Related Courses

(Emailing copies of current credentials will help expedite the application process.)

Education

Vocational/Nursing School

City State

Date Passed Boards/Certification (MM/DD/YYYY)

Degree Earned

College/University

City State

Date Passed Boards (MM/DD/YYYY)

Degree Earned

College/University

City State

Date Passed Boards (MM/DD/YYYY)

Degree Earned

Legal Questions

At any time before or after becoming a healthcare professional, have you ever been charged with a crime of been convicted or pled guilty or no contest to any criminal charge (whether disciplined or cleared)?*

Yes

No

If yes, please indicate dates, conviction, final outcome and email us with the full particulars.

Date (MM/DD/YYYY)

Conviction

Outcome

GRACE Staffing Inc.

Are you aware of any circumstances, which may result in a malpractice claim or suit being made or brought against you?*

Yes

No

If yes, please indicate dates, conviction, final outcome and email us with the full particulars.

Date (MM/DD/YYYY)

Conviction

Outcome

Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency, regulatory board, or State Board of Nursing, or ever been the subject of any ethics investigation at local, state or national level (whether disciplined or cleared)?*

Yes

No

If yes, please indicate dates, conviction, final outcome and email us with the full particulars.

Date (MM/DD/YYYY)

Conviction

Outcome

*Current Employment**

Are you currently employed?*

Yes

No

Hospital Name

City

Dates Employed

Start (MM/DD/YYYY)

End (MM/DD/YYYY)

Hospital Type

Teaching

Non-Teaching

GRACE Staffing Inc.

Reason for Leaving

Position Held

Hourly Wage per hour

Unit Specialty

Part Time Full Time

Avg. Patient Ratio

Hospital Beds

Unit Beds

Type of Nursing Primary Team

Charge Experience Yes No

How Often?

Supervisor

Phone

Is this a travel assignment? Yes No

If yes, what travel company?

May we contact your current employer? Yes No

*Previous Employment**

Hospital Name

City

GRACE Staffing Inc.

Dates Employed

Start (MM/DD/YYYY)

End (MM/DD/YYYY)

Hospital Type

Teaching

Non-Teaching

Reason for Leaving

Position Held

Hourly Wage

per hour

Unit Specialty

Part Time

Full Time

Avg. Patient Ratio

Hospital Beds

Unit Beds

Type of Nursing

Primary

Team

Charge Experience

Yes

No

How Often?

Supervisor

Phone

Is this a travel assignment?

Yes

No

If yes, what travel company?

May we contact your employer?

Yes

No

Previous Employment

Hospital Name

City

Dates Employed

Start (MM/DD/YYYY)

End (MM/DD/YYYY)

Hospital Type

Teaching

Non-Teaching

Reason for Leaving

Position Held

Hourly Wage

per hour

Unit Specialty

Part Time

Full Time

Avg. Patient Ratio

Hospital Beds

Unit Beds

Type of Nursing

Primary

Team

Charge Experience

Yes

No

How Often?

Supervisor

Phone

Is this a travel assignment?

Yes

No

If yes, what travel company?

May we contact your employer?

Yes

No

How Should We Contact You?

Method*

Time*

By checking this box I am assuring that the statements made in this application are true to the best of my knowledge. I understand that any falsification will be the basis for disqualification of employment or termination of services. In addition Agency will maintain an employee release statement permitting GRACE Staffing has the right to send application and documents to participating Institutions to review and required documents in their personnel file for the purpose of determining Agency compliance with requirements of Hospitals and Purchasing Services. I authorize GRACE Staffing, Inc. to verify the information I have provided and to contact past employers and references concerning my ability, character and employment records. I release all such persons from liability for furnishing said information. By applying to GRACE Staffing, Inc., I authorize release of this information to all other affiliates of the Company and I acknowledge and agree that they may contact me using facsimile or any other means. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between GRACE Staffing, Inc. and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.