



## Internet Application for Employment Premier Healthcare Professionals

Please fill out the following application completely and return either by fax to 866-666-2622 attn: Daniel Brennan or email to [dbrennan@travelphp.com](mailto:dbrennan@travelphp.com).

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Nursing or Technical School: _____
City/State: _____
Year Graduated: _____
Degree Obtained: _____

Specialty of Nursing (please list all): _____
Number Years of Experience: _____

States(s) License:	License #	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others Licenses: \_\_\_\_\_

Has any license ever been under investigation? If yes, please give explanation and final result.

Do you have any malpractice or negligence suits pending? (yes)\_\_\_\_ (no)\_\_\_\_  
If yes, please provide details:

BLS expiration date: \_\_\_\_\_

ACLS expiration date: \_\_\_\_\_

PALS expiration date: \_\_\_\_\_

NRP expiration date: \_\_\_\_\_

Other certifications and either date of class or expiration date: \_\_\_\_\_



Please list your most recent employer first. If working through an agency, please indicate hospital name and address as well as agency. Please sign the employment application, by electronic signature that is located at the end of this application.

Dates: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_  
Manger Name & Phone Number: \_\_\_\_\_  
Brief description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_  
Manger Name & Phone Number: \_\_\_\_\_  
Brief description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_  
Manger Name & Phone Number: \_\_\_\_\_  
Brief description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_  
Manger Name & Phone Number: \_\_\_\_\_



Brief description of duties:

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Dates:

Hospital:

City/State:

Unit:

Number of beds:

Was this a travel assignment?

Manger Name & Phone Number:

Brief description of duties:

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Dates:

Hospital:

City/State:

Unit:

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Manger Name & Phone Number:

Brief description of duties:

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Dates:

Hospital:

City/State:

Unit:

Number of beds:

Was this a travel assignment?

Manger Name & Phone Number:

Brief description of duties:

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3275 Market Place Boulevard, Suite 275, Cumming, GA 30041

Phone: (678) 460-1008 Toll Free: (866) 296-3247

[info@travelphp.com](mailto:info@travelphp.com)



### Additional Employment

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/ State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/ State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/ State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City/ State: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Was this a travel assignment? \_\_\_\_\_

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may results in disqualification from further consideration or termination of representation. I also understand and agree that I am an employee "at will" and that PHP does not guarantee any number of contracts.

I authorize PHP to contract the above listed personnel to obtain any employment history, credentials and any other relevant information. If there are any persons listed you wish us to contact, please indicate and explain why.

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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