



### PRE-EMPLOYMENT CHECKLIST

<p>Welcome to MedCentric Search Firm. We look forward to working with you.</p> <p>This Checklist was created to assist you with the completion of all documentation required during the application process. As you complete and submit the documents to MedCentric, please check the box beside the document description and keep this checklist for your records. Please make sure that all photocopies of documents you submit are clear and legible.</p> <p>You have two options of filling out the forms:</p> <ol style="list-style-type: none"><li>1. You can download the application packet and write your responses legibly, avoiding to omit important information; or,</li><li>2. Type your responses directly on the form before printing them. You may not be able to save a copy of this application packet, so make sure that you have given all information required before printing and closing the document.</li></ol> <p>Please submit completed forms and copies of your documents to MedCentric by fax (310) 388 1764 or by mail to the address above.</p> <p>Additional documents will be sent to you after the initial evaluation of your application.</p>	<p>A. <u>DOCUMENTS NEEDED</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Completed and signed MedCentric Application for Employment, including the contact information of at least 2 professional references</li><li><input type="checkbox"/> Authorization and Release Form (Signed)</li><li><input type="checkbox"/> Clean copy of your resume (preferably EMAILED in MS Word format)</li></ul> <p>B. <u>PAYROLL DOCUMENTS</u> (Needed upon acceptance of Job Offer)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Completed W-4</li><li><input type="checkbox"/> Completed I-9 (requires presentation of original document/s as listed in the form)</li><li><input type="checkbox"/> Direct deposit form, including a photocopy of a voided check (optional)</li></ul>
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APPLICATION FOR EMPLOYMENT

Today's date \_\_\_\_\_ Date available to start \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_
First Middle Last (Maiden)

CONTACT INFORMATION (List all that apply)

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cel) \_\_\_\_\_

Email \_\_\_\_\_ other \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Other languages you speak \_\_\_\_\_

EDUCATIONAL BACKGROUND

School City/State Year graduated Degree

School City/State Year graduated Degree

LICENSING INFORMATION

Profession License Number State Expiration Date

Profession License Number State Expiration Date

Profession License Number State Expiration Date

Additional certifications \_\_\_\_\_

Have you ever had any disciplinary action against any of your license? [ ] Yes [ ] No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? [ ] Yes [ ] No

If Yes, please explain \_\_\_\_\_

List type of work you most strongly prefer in order of priority (e.g., OR, ER, ICU, L&D, Tele, MS, LVN, CNA, UM, UR, QM, Triage, Discharge Planning, etc.)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Work preferences: (check all that apply) [ ] Per Diem [ ] Travel [ ] Full time [ ] Temporary [ ] Permanent

How far are you willing to travel daily to work? \_\_\_\_\_ What is your shift preference? [ ] AM [ ] Eve [ ] Noc

Are you 18 years or older? [ ] Yes [ ] No Are you legally eligible to work in the US? [ ] Yes [ ] No

Have you ever worked in a staffing/recruiting agency? If so, which ones and what was your experience like? \_\_\_\_\_

Where have you interviewed lately? \_\_\_\_\_

Is there anywhere that you cannot work? \_\_\_\_\_

We are an equal opportunity employer

**WORK HISTORY**

From _____	To _____	Company _____	Position Held _____	Salary _____
Company Address _____		City _____	State _____	ZIP _____
Immediate Supervisor _____		Business Phone _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary of duties _____				
Reason for Leaving _____				

From _____	To _____	Company _____	Position Held _____	Salary _____
Company Address _____		City _____	State _____	ZIP _____
Immediate Supervisor _____		Business Phone _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary of duties _____				
Reason for Leaving _____				

From _____	To _____	Company _____	Position Held _____	Salary _____
Company Address _____		City _____	State _____	ZIP _____
Immediate Supervisor _____		Business Phone _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary of duties _____				
Reason for Leaving _____				

**REFERENCES** (Persons you have known for at least one year and are not related to you)

Name _____	Address _____	Telephone/e-mail _____	Profession _____
Name _____	Address _____	Telephone/e-mail _____	Profession _____
Name _____	Address _____	Telephone/e-mail _____	Profession _____

I certify that the foregoing answers to the questions asked in this application and employment history are current, accurate and complete to the best of my knowledge. Intentional misstatements or omissions of material facts may be cause for denial of consideration for future placement, or dismissal. I hereby authorize MedCentric Staffing to investigate my employment history, credentials, criminal background, and to obtain any relevant information that may be necessary for the application process. I also authorize MedCentric Staffing to disclose information obtained during the course of this application process. I release MedCentric Staffing and any individual or entity providing information to MedCentric Staffing from all liability for any damages from the disclosure of this information.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



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### AUTHORIZATION AND RELEASE

In connection with my application for employment, I hereby authorize MedCentric and its employees to conduct a complete background check on myself, including, but not limited to, birth records, education, DMV records, Social Security number matching, employment history, character references, criminal records and any other public records that are deemed necessary to make a decision on my application for employment.

I also authorize MedCentric to release my entire employment file including, but not limited to, health and immunization records, drug screen and background check results, license information and any disciplinary action from our agency or other facilities as deemed necessary, to any and all healthcare facilities for the purpose of providing supplemental staffing. This information may be provided verbally or in writing.

I hereby fully waive any rights or claims I have or may have against MedCentric, its agents, employees and representatives from any and all liability, claims or damages that may directly or indirectly result from the disclosure or release of any information, whether such information is favorable or unfavorable.

_____	_____
Name	Date of birth
_____	_____
Signature	Date
_____	_____
Driver's License Number	State issued
_____	_____
County of Residence	# of years residing
_____	_____
County of Residence (if less than 7 year above)	# of years residing

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- **Cut here and give Form W-4 to your employer. Keep the top part for your records.** -----

Form <b>W-4</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Employee's Withholding Allowance Certificate</b>  ► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>	OMB No. 1545-0074 <b>2008</b>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	<b>OR</b>	<b>AND</b>
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

