

Direct Hire Application

Welcome to MedCentric Search Firm. We are excited to serve you, and look forward to working with you to help you find you the best opportunity.

This Checklist was created to assist you with the completion of all documentation required during the enrollment process. As you complete and send MedCentric Search firm the documents, please check the box beside the document description and keep this checklist for your records.

As you complete, sign, and date the enclosed documents, keep in mind, copies of these documents may be submitted to our clients when presenting you for consideration for employment. Please print as neatly as possible and avoid omitting important information.

DOCUMENTS NEEDED FOR PRESENTATION

Completed and signed MedCentric Application and Employment History, including the contact information of at least 2 professional references

Authorization to Release Information (Signed)

**Clean copy of your resume.
(Preferrably EMAILED in MS Word format)**

Relevant License Numbers and Expiration Dates



APPLICATION FOR EMPLOYMENT

Today's Date _____ Date Available to Start _____ Social Security # _____

Name _____
First Last Middle (Maiden)

Address _____
Street City State Zip

Telephone Numbers: Home: _____ Work: _____
 (List All That Apply) Cell: _____ Other: _____
 Emergency: _____ Email: _____
 Emergency contact name: _____

How Did you hear of us? _____

Do you speak any Languages other than English?

Educational Background:

School _____ City _____ /State _____ Year Graduated _____ Degree _____

School _____ City _____ /State _____ Year Graduated _____ Degree _____

Licensing Information:

State _____ License _____ Number _____ Expiration _____ Date _____

State _____ License _____ Number _____ Expiration _____ Date _____

State _____ License _____ Number _____ Expiration _____ Date _____

Have you ever had any disciplinary action against any of your license? **Yes** **No**
 If YES, please explain: _____

Have you ever convicted of a felony or misdemeanor? (circle one) **Yes** **No**
 If YES, please explain: _____

Add'l Certifications: _____

List Type of Work You Most Strongly Prefer in order of preference.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Are you interested in a FULL TIME or PART TIME work? _____
 Are you interested in PERMANENT or TEMPORARY work? _____
 Have you ever worked with a staffing/recruiting agency? _____
 Which ones? What was your experience like? _____
 Where have you interviewed lately? _____
 Is there anywhere that you can't 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? yes no

Pertinent Duties _____

Reason for Leaving _____

From _____ to _____ Company _____ Position held _____ Salary _____

Company Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ Business Phone _____ May We Contact? yes no

Pertinent Duties _____

Reason for Leaving _____

From _____ to _____ Company _____ Position held _____ Salary _____

Company Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ Business Phone _____ May We Contact? yes no

Pertinent Duties _____

Reason for Leaving _____

Please include a minimum of two professional references that we have your permission to contact. Please include both phone number and email address if possible.

Reference 1 Name _____ Company _____ Relationship _____ Phone _____ Email _____

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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 lack of consideration for future placement, or dismissal. I hereby authorize MedCentric Search Firm 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 Search Firm to disclose information obtained during the course of this application process. I release MedCentric Search Firm and any individual or entity providing information to MedCentric Search Firm from all liability for any damages from the disclosure of this information.

Your Signature: _____ Date: _____



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Toll Free Office Phone (866) 610-4775

www.medcentric.net

Authorization and Release of Personnel Information

I hereby authorize MedCentric Search Firm and its employees 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 or all health care facilities for the purposes of providing supplemental staffing. This information may be provided verbally or in writing. In addition, I hereby fully waive any rights or claims I have or may have against MedCentric Search Firm, 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.

Signature of Employee

Date

Print Name

Date of Birth

Drivers License Number

Drivers License State

County of Residence

of Years Residing

Previous County of Residence (If less than 7 years above

of Years Residing