



PERM • TRAVEL • PER DIEM • HOME CARE

Massachusetts Employment Application

This company is an equal opportunity employer . We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation or handicap.

RN LPN CNA CMT

Date _____

Position _____ Shift **7-3** **Weekday** **Full-time**

License # _____ Issuing State _____ **3-11** **Weekend** **Per Diem**

Other Licenses _____ **11-7** **Holidays** **Part Time**

Application For Employment

Last Name	First	Middle Initial
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Address	City/Town	State	Zip
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Telephone #	Alt #	E-Mail :
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Who may we contact in case of an emergency ?	Telephone Number?
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Are you 18 years of age or older ? Yes No

Do you have the legal right to work in the United States ? Yes No

Have you previously been employed by *MAS Medical Staffing*? Yes No

How did you hear of *MAS Medical Staffing*?

Newspaper Ad Other Publication Phone Book MAS Employee Website

Med/Surg	OB/GYN	Corp./Occup.	Hospital
Peds	L&D	Long-term Care	Nursing Home
Psych	Geriatrics	QA	School Nurse
ICU/CCU	Orthopedics	Ambulatory	HIV/Aids
ER	Oncology	Case Mgmt.	Methadone
OR	Administration	Rehabilitation	

Has your Professional License(in any state) currently under investigation by Professional Health Regulation? Yes ___ No ___

Has your license(in any state) ever been on a probationary status, revoked or suspended? Yes ___ No ___

Employment History

Please list your employment history for the last 10 years or your last four employers starting with your present or most current employment.

Month/Year	Name and Address of Employer	Supervisor
From _____	Name _____	Name _____
To _____	Address _____	Title _____
Salary _____	City/State _____	Telephone _____
Position/Title _____		FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem <input type="checkbox"/>
Job Description _____		
Reason for leaving _____		

If present employer may we contact ? YES NO

Month/Year	Name and Address of Employer	Supervisor
From _____	Name _____	Name _____
To _____	Address _____	Title _____
Salary _____	City/State _____	Telephone _____
Position/Title _____		FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem <input type="checkbox"/>
Job Description _____		
Reason for leaving _____		

If present employer may we contact ? YES NO

Month/Year	Name and Address of Employer	Supervisor
From _____	Name _____	Name _____
To _____	Address _____	Title _____
Salary _____	City/State _____	Telephone _____
Position/Title _____		FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem <input type="checkbox"/>
Job Description _____		
Reason for leaving _____		

If present employer may we contact ? YES NO

Month/Year	Name and Address of Employer	Supervisor
From _____	Name _____	Name _____
To _____	Address _____	Title _____
Salary _____	City/State _____	Telephone _____
Position/Title _____		FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem <input type="checkbox"/>
Job Description _____		
Reason for leaving _____		

If present employer may we contact ? YES NO

Please read the following information carefully before signing

I certify that the information contained in this application is correct to the best of my knowledge and I understand any falsification, misrepresentation or omissions on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give **MAS Medical Staffing** any and all information concerning my previous employment, education or any other information they may have, with regard to any of the subjects covered by this application and release all such parties and **MAS Medical Staffing** from all liability from any damage that may result from furnishing such information. I authorize **MAS Medical Staffing** to request and receive such information.

If employed, I understand that I will be an employee “at will” and either **MAS Medical Staffing** or I may terminate my employment at any time with or without notice for any reason not in violation of the law.

I agree to comply with **MAS Medical Staffing** rules ,regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted or supplemented any time, and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of **MAS Medical Staffing** or myself. I understand no representative of **MAS Medical Staffing** other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I become employed, or to assure any benefits or terms and conditions of the employment, or make an agreement contrary to the foregoing.

I agree to have a post offer, pre-employment physical examination as required for my position and understand that any offer of employment is contingent upon my passing this physical examination which relates to state and federal laws and regulations.

For Massachusetts applicants – It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant Signature

Date