

APPLICATION

Date: ____/____/____

Name: _____
Last First Middle Initial

Current Address: _____
Street Address City State Zip

Home phone: _____ Work phone: _____

Permanent address: _____
Street Address City State Zip

Professional discipline: _____ Specialty: _____

Social Security Number: _____ Date available: _____

How did you learn about SpringBoard? _____ Email address: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ Relationship: _____

LICENSES: (Include photocopies of front and back of all licenses held)

State: _____ State: _____ State: _____

Expiration date: _____ Expiration date: _____ Expiration date: _____

CERTIFICATION: (Include photocopies of all certifications held.)

Select one: Certified Registered Registry Eligible Other

Certificate: ARRT Registration Number: _____ Expiration: _____

Certificate: ARDMS Registration Number: _____ Expiration: _____

CPR Certification: ACLS Expiration Date: _____ BLS Expiration Date: _____

(Please List Name of License, License Number and Expiration Dates.)

Other Licenses: _____

Has your professional license or certification ever been investigated or suspended? _____

(Check one) Yes No (If yes, please attach separate sheet with explanation)

If you will be employed on a visa, please specify type of work visa: _____

Have you ever been convicted of a crime other than a minor traffic violation? (Check one) Yes No if yes; Please Explain:

Have you ever been named as a defendant in a professional liability action?

(Check one) Yes No

Can you submit verification of your legal right to work in the U.S.? (Check one) Yes No

PROFESSIONAL LICENSE CERTIFICATION

AUTHORIZATION

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my professional license/certificate and status.

SIGNATURE: _____ DATE: _____

PLEASE CONFIRM THE PROFESSIONAL LICENSURE/CERTIFICATE OF THE FOLLOWING INDIVIDUAL:

Name: _____

Address: _____
Street Address City State Zip

License Number: _____ License Status: _____

CONFIRMATION

The above-named individual does not have any actions or complaints pending and is considered in good standing with:

Other comments: _____

VERIFIED ELECTRONICALLY BY: _____ DATE: _____

SIGNATURE/POSITION: _____ DATE: _____

EMPLOYMENT PROFILE

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer.

Are you employed now? Yes No - If so, may we contact your present employer? Yes No

Employment # 1

Facility/employer _____ Dept. _____

Employer address: _____
Street Address City State Zip

Dates employed: From: _____ To: _____ Reason for leaving: _____

Position held: _____

Specialty: _____

Supervisor's name and title: _____ Phone: _____

Contract Type: Local Temporary Locum Tenens (Travel) Permanent Staff

Employment #2

Facility/employer: _____ Dept. _____

Employer address: _____
Street Address City State Zip

Dates employed: From: _____ To: _____ Reason for leaving: _____

Position held: _____

Specialty: _____

Supervisor's name and title: _____ Phone: _____

Contract Type: Local Temporary Locum Tenens (Travel) Permanent Staff

Employment #3

Facility/employer: _____ Dept. _____

Employer address: _____
Street Address City State Zip

Dates employed: From: _____ To: _____ Reason for leaving: _____

Position held: _____

Specialty: _____

Supervisor's name and title: _____ Phone: _____

Contract Type: Local Temporary Locum Tenens (Travel) Permanent Staff

Employer References

Please list a minimum of three (3) Professional References that can attest to your abilities.

1. _____
Name of Supervisor Facility name & address Phone
2. _____
Name of Supervisor Facility name & address Phone
3. _____
Name of Supervisor Facility name & address Phone

EDUCATION

	School Name/location	Graduation Date (month/year)	Diplomas/Degrees
College			
Graduate School			
Other			

Application Acknowledgement

Furthermore, the information provided in the application for participation in the SpringBoard travel/contract program is true, correct and complete. I acknowledge that any misstatement or omission of fact on the application may result in my disqualification from participation in SpringBoard's selection process. I authorize SpringBoard, Inc. to release this application and reference information to SpringBoard Client institutions, only after receiving my express written or verbal consent for each assignment opportunity. I understand that by giving SpringBoard permission to submit my application for assignment opportunities, I am also agreeing to any criminal background search that may be required by certain states or client institutions.

Signature _____ Date _____
Month Day Year

FAX BACK
877.890.5343

Phone
866.465.6286

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

I, _____, hereby give **SpringBoard, Inc.** my permission to conduct an investigation to obtain information which the Company thinks is necessary to determine my qualifications for employment with the Company, including but not limited to, my permission to contact any former employer, any personal or professional reference, any bank, credit or finance bureau or office, any police department, law enforcement agency or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation, or criminal records, and I give my consent to any source to release to the Company whatever information they have about me. I understand that the information requested about me on this form is necessary so that accurate information is attainable. I also unconditionally release all named and unnamed sources from any and all liability, which might result from furnishing any information about me.

Prospective Employer: SpringBoard, Inc.

Name (*please print*): _____
Last First Middle

Current Address: _____
Street Address City State Zip

Other Names Known By: _____

Social Security #: _____-_____-_____ Date of Birth: _____/_____/_____
Month Day Year

Driver's License #: _____ State: _____ Expiration: _____

Education in Field:

Name of School: _____

Location of School: _____

Attendance Dates: _____ Graduation Date: _____

Diploma or Certification: _____ GPA: _____

Signature: _____ Date: _____/_____/_____
Month Day Year

SpringBoard Witness Name (*please print*): _____

SpringBoard Witness Signature: _____