

# Traveler's Online Application Form

**Please ensure that the entire application is filled out. Incomplete applications will delay processing. Fields with asterisks must be filled out else your application will not be processed.**

Registered Nurse Application

\* represent required fields

\*Your Name:

\*Email:

\*Address:

\*Zip

Telephone:

How should we contact you?

Method:  Email  Phone Time:

## Specialties:

\* *Specialties:* Only Check areas you are capable & willing to work during assignment.

- |                               |                                   |                                      |                                    |
|-------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> CVOR | <input type="checkbox"/> Oncology | <input type="checkbox"/> LD          | <input type="checkbox"/> MedSurg   |
| <input type="checkbox"/> ICU  | <input type="checkbox"/> PED      | <input type="checkbox"/> PICU        | <input type="checkbox"/> ER        |
| <input type="checkbox"/> PACU | <input type="checkbox"/> DR       | <input type="checkbox"/> Dialysis    | <input type="checkbox"/> Psych     |
| <input type="checkbox"/> FA   | <input type="checkbox"/> CVICU    | <input type="checkbox"/> Post-partum | <input type="checkbox"/> NICU      |
| <input type="checkbox"/> LTC  | <input type="checkbox"/> TELE     | <input type="checkbox"/> Cathlab     | <input type="checkbox"/> Radiology |

*Experience:*

Primary Specialty:   Years

Secondary Specialty:   Years

\*Total Years of Experience:  Years

Give us a brief history of yourself – strengths, weaknesses, skills and personal qualities and how you can be an asset to the hospital.

Where would you like to travel?

Providing us this information will enable us adequately expedite your new travel assignment placement. \*Please also make sure that any state you select, you have your license for that state.

- A. I want to be within the city/county
- B. Anywhere within 50 miles of the city is fine
- C. Anywhere within the state works for me
- D. Any connecting state works for me

*First Destination Choice:*

State:  City:   A  B  C  D

*Second Destination Choice:*

State:  City:   A  B  C  D

Which date will you be available to start?  (MM/DD/YYYY)

Have you traveled before?  Yes  No

Personal Preferences:

*Education:*

\*College:

Location (City/State):

\*Degree:

Date of Graduation:

\*Experience: