



**Specializing in Healthcare Staffing Since 1995**  
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Dear Healthcare Professional,

Thank you for expressing an interest in the exciting **healthcare career opportunities** offered by **Ocean to Ocean Healthcare, Inc.**

**Ocean to Ocean Healthcare is nurse owned and operated with over a decade of experience.** We are committed to providing you with superior career placement in the top hospitals and clinics throughout our nation.

We provide our Nurses & Allied Health Professionals with:

- *Excellent Pay*
- *Bonuses*
- *Direct Deposit*
- *Vacation Package*
- *IRA Plan*
- *Health Insurance*

### **Join our winning Team Today!**

**Complete the attached documents and fax to us ASAP along with your immunization records and copies of your current license and certifications! Please mail the original copies to us.**

- Employment Application
- Scheduling Questionnaire (details your work experience & specialties)
- Current Resume
- Copies of your Professional Licenses
- Copies of your Certifications
- 7 Year Employment Profile
- **Signed & Completed Reference Requests Forms** from 3 most recent Employers.  
(See attached form & make copies as needed) or copy of current Letters of Recommendation.
- Unit Specific Skills Checklist

Right now, Healthcare Professionals of all specialties are enjoying the rewards of working throughout the country as employees of **Ocean to Ocean Healthcare** while gaining valuable career and life experiences at the same time. We offer positions in some of the best hospitals and clinics coast to coast.

**Ocean to Ocean Healthcare** offers Daily Staffing, in FL & NM, Travel, Interim Management and Perm Placement opportunities to nurses and Allied Health Professionals nationwide.

If you have any questions, please call our recruiters at 954-596-4977 or toll free at 1-866-266-8773. Our recruiters will be happy to assist you in every way possible!

**Go online and view our current job assignments at [www.oceantoocean.net](http://www.oceantoocean.net)!** We look forward to receiving your application and getting you the career you want and where you want it!

Sincerely,

*Ocean to Ocean Healthcare, Inc.*



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Employment Application

Please complete this application and return with your Current Resume and copies of all Professional Licenses & Certifications.

Applicant Name

Last First Middle Initial

SS# - - Date of Birth / / Email

Temporary Address

Phone ( ) Cell Phone ( )

Permanent Address

1st Emergency Contact Name: Phone

2nd Contact Name of Nearest

Relative not living with you: Phone

Referred to us by: Internet Search Our Website Job Fair Magazine Ad Phonebook Direct Mail Newsletter Friend A Previous Employee of Ocean to Ocean Healthcare? Yes / No

Date Available for New Employment: Available Hours Per Week to Work:

Preferred (States/Cities) for Work:

Are you Interested in: Travel Assignment Interim Management Permanent Placement Daily Staffing

Professional Experience as: (Check One) ADMIN/MGT CLERICAL CNA CRNA CRT LPN MA MD MED TECH MIDWIFE NURSE ASST NURSE PRACTITIONER OCCUP THERAPIST OR TECH PARAMEDIC PHARMACIST PHYS THERAPIST PHLEBOTOMIST PHYSICIAN ASSISTANT RADTECH RN RRT RVT SITTER SPEECH THERAPIST STUDENT TECH OTHER

List below all state licenses/certifications ever obtained. Use a separate sheet and attach, if needed.

State Type Lic # Exp Date State Type Lic# Exp Date ACLS Exp Date

State Type Lic # Exp Date PALS Exp Date TNCC Exp Date

State Type Lic # Exp Date NPR/NALS Exp Date AWHONN Exp Date

State Type Lic # Exp Date BLS/CPR Exp Date Other Exp Date

Have any of your licenses/certifications ever been suspended, revoked or had disciplinary action against them? Yes / No If so, which one and provide details?



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Employment Application Continued:

Years of Experience in:

- Outpatient, Large Hospital, Management, Home Health, Other Facilities, Small Hospital, Non-Clinical, Supervisory, Nursing Home experience checkboxes.

Education:

High School Name Address/State/Zip Date Graduated

Colleges/University:

Name Address/State/ Zip Dates Attended Degree

Name Address/State/ Zip Dates Attended Degree

Name Address/State/ Zip Dates Attended Degree

Honors received:

Are you aware of any reasons you would not be able to perform the duties of the position for which you are making application? Yes / No If yes, please explain

Have you ever been convicted of a felony? Yes / No If yes explain

STATEMENT: Read carefully before signing. I authorize the verification of all references listed above to give Ocean to Ocean Healthcare any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

All applications remain active for one year from date of application. Applicants should contact Ocean to Ocean Healthcare in writing should they wish to be considered beyond that period. It is the policy of Ocean to Ocean Healthcare to provide equal opportunities without regard to race, color, national origin, sex, age, qualified handicap, or veteran in its programs and activities.

Applicant Signature: Date:



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**Scheduling Questionnaire**

Applicant Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions: Please complete all the blanks indicating the experience you have had in a facility setting only.**

<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>	<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>	<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>
Antepartum	_____	to _____	Home Health	_____	to _____	Occupational Health	_____	to _____
Burn Unit	_____	to _____	Hospice	_____	to _____	On Call	_____	to _____
Cardiac	_____	to _____	House Supervision	_____	to _____	Oncology	_____	to _____
Cardiovascular	_____	to _____	ICU	_____	to _____	OR	_____	to _____
Case Management	_____	to _____	ICU Neuro	_____	to _____	OR Circ	_____	to _____
Cath Lab	_____	to _____	ICU Pulmonary	_____	to _____	OR Scrub	_____	to _____
CCU	_____	to _____	ICU Trauma	_____	to _____	Orthopedics	_____	to _____
Clinical	_____	to _____	Intermittent Visits	_____	to _____	Ophthalmology	_____	to _____
Correctional	_____	to _____	Lab/Histo/Micro	_____	to _____	PACU	_____	to _____
Cosmetic Surgery	_____	to _____	Labor & Delivery	_____	to _____	Pediatrics	_____	to _____
CT	_____	to _____	LTC	_____	to _____	Pedi ER	_____	to _____
CV OR	_____	to _____	Mammography	_____	to _____	Peri Operative	_____	to _____
CVICU	_____	to _____	Med/Surg	_____	to _____	Pharmacy	_____	to _____
Dialysis Input	_____	to _____	MRI	_____	to _____	Physical Therapy	_____	to _____
Dialysis Renal	_____	to _____	Neurology	_____	to _____	PICU	_____	to _____
DON	_____	to _____	NICU Level 3	_____	to _____	Postpartum	_____	to _____
Echo	_____	to _____	Nuclear Medicine	_____	to _____	Private Duty	_____	to _____
Endoscopy	_____	to _____	Nurse Manager	_____	to _____	Psych Adults	_____	to _____
ER	_____	to _____	Nursing Home	_____	to _____	Psych Geriatrics	_____	to _____
ER Pediatrics	_____	to _____	Nursery Level 2	_____	to _____	Psych Pediatrics	_____	to _____
Flex Pool	_____	to _____	Nursery Well Baby	_____	to _____	Radiation Therapy	_____	to _____
Histology	_____	to _____	OB	_____	to _____	Radiology	_____	to _____



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**Scheduling Questionnaire - Page 2**

<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>	<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>	<b>Unit</b>	<b>Month/Year</b>	<b>Month/Year</b>
Radiology Therapy	_____	to _____	SICU	_____	to _____	Tele Med	_____	to _____
Rehab	_____	to _____	Skilled/SNF	_____	to _____	TSICU	_____	to _____
Renal	_____	to _____	Sleep Lab	_____	to _____	Urology	_____	to _____
Respiratory	_____	to _____	Step Down	_____	to _____	Ultrasound	_____	to _____
SAC	_____	to _____	Tele Cardiac	_____	to _____	Woman's Services	_____	to _____

**Applicant has Experience in:**

Computer Charting:            Yes / No

Proper use of Restraints:    Yes / No / NA

Pain Management:            Yes / No / NA

Parental Administration of Electrolytes & Fluids:    Yes / No / NA

Prevention of contamination and cross-infection as covered in the Universal Precautions annual in-service:    Yes / No

Exercise of appropriate safety precautions in the use of electrical and electronic equipment as covered in fire/electrical safety annual in-service:    Yes / No

Recognition of need for psychological and social services for patients and their families:    Yes / No

Blood Glucose Monitor:    Yes / No / NA    Type: \_\_\_\_\_

OSHA TB Fit Test Mask Type: \_\_\_\_\_ Date of Test: \_\_\_\_\_

**For Critical Care Nurses:** Nurses assigned to critical care must possess the ability to manage patient care without supervision. This includes, but is not limited to managing patient care in intensive care units, emergency department and specialty units such as high risk obstetric unit. The scope of practice includes, but is not limited to identification of Cardiac Dysrhythmias, setting up and managing hemodynamic monitoring equipment such as Swan-Ganz catheters, central lines, arterial lines, caring for mechanically ventilated patients, managing the care of patients with specialty equipment such as intra-aortic balloon pumps, epidurals, the use and titration of parenterally administered cardio-tonic drugs, and the use of resuscitation equipment.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



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Seven-Year Employment History Profile

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

Please complete the below with your past seven years employment history beginning with your current employer.

Hospital/Employer \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_
Unit / Floor \_\_\_\_\_ Position Held \_\_\_\_\_
Size of Unit \_\_\_\_\_ Shift Worked \_\_\_\_\_
Management Experience Yes / No \_\_\_\_\_ Date Employed \_\_\_\_\_ to \_\_\_\_\_
Reason for Leaving \_\_\_\_\_
Was this a Travel Assignment? (Yes/No) \_\_\_\_\_

Hospital/Employer \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_
Unit / Floor \_\_\_\_\_ Position Held \_\_\_\_\_
Size of Unit \_\_\_\_\_ Shift Worked \_\_\_\_\_
Management Experience Yes / No \_\_\_\_\_ Date Employed \_\_\_\_\_ to \_\_\_\_\_
Reason for Leaving \_\_\_\_\_
Was this a Travel Assignment? (Yes / No) \_\_\_\_\_

Hospital/Employer \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_
Unit / Floor \_\_\_\_\_ Position Held \_\_\_\_\_
Size of Unit \_\_\_\_\_ Shift Worked \_\_\_\_\_
Management Experience Yes / No \_\_\_\_\_ Date Employed \_\_\_\_\_ to \_\_\_\_\_
Reason for Leaving \_\_\_\_\_
Was this a Travel Assignment? (Yes / No) \_\_\_\_\_

Hospital/Employer \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
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Was this a Travel Assignment? (Yes / No) \_\_\_\_\_



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Seven-Year Employment History Profile Continued:

Hospital/Employer
Address City ST Zip
Phone Fax
Supervisor Name Title
Unit / Floor Position Held
Size of Unit Shift Worked
Management Experience Yes / No Date Employed to
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Supervisor Name Title
Unit / Floor Position Held
Size of Unit Shift Worked
Management Experience Yes / No Date Employed to
Reason for Leaving
Was this a Travel Assignment? (Yes / No)

I, the undersigned, do hereby release my former employer (s) from any and all liability that may be related to my former employer(s) of the information herein above requested and do further consent to release by my former employer(s) of such information regarding my employment as may be necessary to accurately complete the hiring process.

Applicant Signature Date



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Request for Employment Reference

Dear Employer,

This is a request for reference. The below listed Applicant has given us permission to request reference information from you. We would appreciate you answering the following questions. Please be assured that your answers will be held in strict confidence.

Please complete this form and return to Fax 1-866-866-7101.

Complete Name of Former Employer

Phone: \_\_\_\_\_

(Name of Immediate Supervisor) Fax: \_\_\_\_\_

(Address/City/ State/Zip) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

To Be Completed by Previous Employer. Please check (✓) which performance applies.

Job Performance of Applicant:

Table with 5 columns: Superior, Above Average, Average, Below Average, Unacceptable. Rows include Clinical Knowledge, Judgment, Quality of Work, Quality of Documentation, Accepts direction/cooperation, Abides by Facility policy and procedures, Communication Skills, Initiative, Handles routine and emergency situations, Punctually and Dependability, Professional Appearance.

Was this a travel assignment? Yes / No
Are the dates of employment given correct? Yes / No
Would you consider this applicant for rehire? Yes/ No
Is the job position listed correct? Yes/ No

Comments on Applicant: \_\_\_\_\_

Signature of Person verifying information Title Date of Reference
Phone reference: [ ] Verified By: \_\_\_\_\_ Date \_\_\_\_\_

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