



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

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 _____
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) _____



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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
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)

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