



MyTeam Medical Staffing Services

Main: (503) 922-1393 | Website: www.myteammedicalstaffing.com

Fax: 503 345-6696

Date: _____ ☐ Regular ☐ Temporary ☐ Temp-to-hire ☐ Part-time/hrs: _____ ☐ Full-time/hrs: _____

What position do you seek? _____

Name: _____
First Middle Last

Other names by which you are known? _____ Year changed: _____

Address: _____
Street City and State Zip Code

Phone: _____
Home Phone Mobile Phone Office Phone

E-mail: _____ Fax: _____

Emergency Contact Person: _____
Phone

When can you begin work? _____

Do you anticipate any absences that might affect your employment position? ☐ Yes ☐ No

If yes, provide dates and please explain: _____

What is the minimum wage/salary you will accept? ☐ Regular \$ _____ ☐ Temporary \$ _____

Have you registered with our service before? ☐ Yes ☐ No

If yes, please provide dates: _____

Have we ever placed you? ☐ Yes ☐ No

If yes, when and where: _____

Do you speak a foreign language? ☐ Yes ☐ No Language(s): _____

How did you learn about us?

☐ Newspaper
☐ Internet ☐ Indeed ☐ Jobdango ☐ Craigslist ☐ OregonLive Other? _____
☐ Referral Name: _____
☐ Professional Organization _____

Please indicate the locations where you are willing to work

☐ Downtown Portland ☐ Far SW (Tigard, Tualatin, Wilsonville, etc.)
☐ Northwest Portland ☐ Beaverton ☐ Aloha ☐ Hillsboro ☐ Forest Grove
☐ Northeast Portland ☐ Southeast Portland
☐ Other _____ ☐ Gresham ☐ Troutdale ☐ Sandy
☐ OHSU ☐ Vancouver

GENERAL INFORMATION

EDUCATIONAL BACKGROUND

Did you graduate from High School? ☐ Yes ☐ No

If not, do you have your GED? ☐ Yes ☐ No

College Attended: _____ Years complete: ☐ 1 ☐ 2 ☐ 3 ☐ 4

College Graduate: ☐ Yes ☐ No

Year complete: _____

Degree Received: _____

Other Schools or Training Programs:

School Name: _____ Area of Study: _____ Date: _____

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School Name: _____ Area of Study: _____ Date: _____

School Name: _____ Area of Study: _____ Date: _____

LICENSE, CERTIFICATE OR PERMITS

If your profession requires a license issued by the State or is certified by a nationally recognized organization, please indicate:

License Type (RN, PA, etc.): _____ License No: _____ Exp Date: _____

Certification Type, e.g. (CMA (AAMA)): _____ Number: _____ Exp Date: _____

If not certified, date scheduled for exam: _____

Current Certifications/Permits:	Current CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date: _____ (copy required)
	Limited X-Ray Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date: _____
	Current Hep B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	Current Flu	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	Current TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____

Documentation/Copies May Be Required:

Immunizations (optional):	MMR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	TDAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	Varicella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____

If your profession requires a license (RN, PA, NP, etc.), has your license been encumbered by any licensing body in the state? ☐ Yes ☐ No

If yes, please explain: _____

OTHER INFORMATIONAL QUESTIONS

WARNING: Providing an untruthful answer to any question is grounds for disqualification of your applications or, if you have been hired, termination of your employment.

1. Are you currently using illegal drugs (*including prescription drugs you are not authorized to use*)? ☐ Yes ☐ No

PLEASE NOTE: MyTeam Medical Staffing Services performs drug testing on its temporary and temp-to-permanent employees. Customers may require a drug screening during the pre-employment process.

2. Have you been terminated from a prior employer or resigned due to a likely discharge? ☐ Yes ☐ No
If yes, please explain the circumstances: _____

3. Have you ever stolen or diverted drugs or equipment from your workplace? ☐ Yes ☐ No
If yes, please explain the circumstances: _____

4. Have you ever violated workplace rules or licensing regulations governing prescribing medication?
☐ Yes ☐ No
If yes, please explain the circumstances: _____

5. Please list 2-3 professional references with phone numbers and email. Professional references are previous managers, supervisors, or co-workers.

1.	_____	_____	_____	_____	_____
	Name	Company	Years Known	Phone	Email
2.	_____	_____	_____	_____	_____
	Name	Company	Years Known	Phone	Email
3.	_____	_____	_____	_____	_____
	Name	Company	Years Known	Phone	Email