

Today's Date \_\_\_\_\_



Platinum Nursing, LLC

Platinum Nursing, LLC  
2548 Grand Overlook Drive  
Grand Junction, Colorado 81503  
(970) 210-3535 or (970) 201-7222

Fax # 1-888-293-2647

[platinumnursingllc@gmail.com](mailto:platinumnursingllc@gmail.com)

## Application/Profile

### Profile Data:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name or other names you have Practiced under \_\_\_\_\_

Present Address (Street/City/State/Zip Code): \_\_\_\_\_

Permanent Address (If Different from above): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_ Pager#: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Are you a US Citizen? \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever previously applied/contracted or been hired by our Company? Y/N \_\_\_\_\_

Have you ever worked for any Travel/Staffing Companies? Y/N \_\_\_\_\_ List Agencies: \_\_\_\_\_

Are you eligible for re-hire with the Travel/Staffing Companies? Y/N \_\_\_\_\_

Have you ever been Convicted of a felony? Y/N \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

### Profile Personal Preferences:

**Date Avail to Start?** \_\_\_\_\_ **Shift Preference (Circle):** Day / Evening /Nights **Can you work-** M T W TH F Weekends Holidays

**Are you Looking to:** (circle) Travel / Per Diem / or Permanent Placement

**List Areas or Places you would like to Travel to:** \_\_\_\_\_

**Are their any facilities you will not work at?** \_\_\_\_\_

**Initial** \_\_\_\_\_

**Page 1 of 4**

**License Information**

What type of Licensure do you hold? RN   LPN   CST   CNA

State	License #	Expires

**Certifications**

NAME	Date Taken	Expires
<b>BLS</b>		
<b>ACLS</b>		
<b>PALS</b>		
<b>TNCC</b>		
<b>NALS/NRP</b>		
<b>EKG COURSE</b>		
<b>CNOR</b>		

**Has your License ever been suspended, revoked, & or under investigation? Y/N**

**If Yes, Please explain?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Malpractice Insurance**

**Do you currently have Malpractice insurance Coverage? Y/N**

**Policy #** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_

**Initial** \_\_\_\_\_

<b>Education</b>							
------------------	--	--	--	--	--	--	--

<b>High School</b>		<b>City /State</b>		<b>Date Graduated</b>		<b>Degree</b>	
<b>College</b>		<b>City /State</b>		<b>Date Graduated</b>		<b>Degree</b>	
<b>College</b>		<b>City/ State</b>		<b>Date Graduated</b>		<b>Degree</b>	

<b>References- Work Related</b>							
---------------------------------	--	--	--	--	--	--	--

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address (Street/City/ State/Zip Code)** \_\_\_\_\_

---

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Where did you work with this reference?** \_\_\_\_\_

**How Long did you work with this reference?** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address (Street/City/ State/Zip Code)** \_\_\_\_\_

---

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Where did you work with this reference?** \_\_\_\_\_

**How Long did you work with this reference?** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address (Street/City/ State/Zip Code)** \_\_\_\_\_

---

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Where did you work with this reference?** \_\_\_\_\_

**How Long did you work with this reference?** \_\_\_\_\_

<b>Emergency Contact Information</b>	
--------------------------------------	--

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address (Street/City/State/Zip Code):** \_\_\_\_\_

---

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Initial** \_\_\_\_\_

## Employment History

Business Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
Department \_\_\_\_\_ Eligible for rehire? Y / N

Business Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
Department \_\_\_\_\_ Eligible for rehire? Y / N

Business Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
Department \_\_\_\_\_ Eligible for rehire? Y / N

Business Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
Department \_\_\_\_\_ Eligible for rehire? Y / N

Business Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
Department \_\_\_\_\_ Eligible for rehire? Y / N

I certify that the statements herein are true and complete. I understand that false, misleading, or omitted information is basis for disqualification from employment/contract or ineligibility for hire. I authorize Platinum Nursing, llc to investigate All information reported in this application/profile and authorize all employers, agents, physicians, nurses, contractors, authorizing agencies, or any authorized representatives to release information concerning my performance, conduct, and condition of health. I agree to hold harmless from any liability for any cause, except willful falsification of data arising from the release and use of said information those who provide said information and those to whom this information is provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

