



STAFF TODAY INC

Application Form

- Please Print or Type
- Please send a copy of your Résumé
- Please contact us @ (800) 928-5561 or visit our website at stafftodayinc.com for any questions

PERSONAL INFORMATION

_____ Last Name	_____ Middle	_____ First	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Driver License Number	_____ Social Security Number	_____ Date of Birth	
_____ Home Telephone Number	_____ Daytime Telephone Number	_____ Email	
Are you eligible to work in the US?	Yes No	Are you a Veteran?	Yes No

If selected for employment are you willing to submit to a background check?
Yes No

POSITION PREFERENCES

What position are you applying for? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

EDUCATIONAL BACKGROUND

School Name	Location	Years Attended	Degree Received	Major

EMPLOYMENT HISTORY

Company Name/Practice	Job Title	NAME OF INSTITUTION OR PLACE OF PRACTICE AND LOCATION	DATE:(MONTH, YEAR) FROM - TO

REFERENCES (Business & Professional Only)

Name & Title_____	Phone_____
Company_____	Email_____
Name & Title_____	Phone_____
Company_____	Email_____
Name & Title_____	Phone_____
Company_____	Email_____

By signing below, I certify the facts contained in this application are absolute and true; that the answers to the supplementary questions and statement made in this application are true and correct I am the lawful holder of the Licenses/Certificates listed; and that such were procured in the regular course of instruction and examination without deception or misrepresentation. I authorize without reservation; any party or agency contacted to provide the above-mentioned information and release all parties involved from liability and responsibility for doing so. I further authorize Staff Today Inc to release to client/site, hospitals or medical groups any information, which is material to my application.

I have carefully read the questions in the accompanying application and have answered them completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct.

Signature of the Applicant_____ Date _____



STAFF TODAY INC.

Written Disclosure to Applicant and Consent to Consumer Report Information

I understand that **STAFF TODAY INCORPORATED (STI)** will utilize the service of a consumer reporting agency as part of the procedure for processing my application for employment. I also may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report. If I notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report that I am challenging information on the report, **STAFF TODAY INCORPORATED (STI)**, will not make a final decision on my employment status until after I have had reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize **STAFF TODAY INCORPORATED (STI)** to procure a report on my background as stated above from a consumer reporting agency.

(Signature of Applicant)

(Date)