

Thank you for requesting an application. North Star Nursing Temporary Associates, Inc. is a temporary staffing service for hospitals and nursing homes throughout Minnesota and North Dakota. North Star Nursing also provides home care services in Minnesota. The contracted facilities notify us of the dates and shifts for which they need staffing and we then notify you of the shifts available. You then have the option of accepting or declining the offered assignment(s). Because the needs of the facilities and the clients cannot be predicted, North Star Nursing does not guarantee hours.

PLEASE SUBMIT COPIES OF THE FOLLOWING:

RN's/LPN's:

1. Current nursing license
2. CPR or ACLS certificate
3. Proof of mantoux (TB) test date and results
4. Proof of auto insurance

CNA's/HHA's:

1. Nursing Assistant Registration/Home Health Aide certificate
2. CPR certificate (optional)
3. Proof of mantoux (TB) test date and results
4. Proof of auto insurance

PCA's:

1. Proof of mantoux (TB) test date and results
2. Proof of auto insurance
3. CPR certificate (optional)

Enclosed you will find a reference request. Please list three (3) references that you would like North Star Nursing to contact regarding present or previous employment. If you have written letters of recommendation or copies of recent evaluations by your supervisor, please send us copies as this will assist us in completing your file.

I encourage you to complete the application as soon as possible. After your application has been processed, you will be notified. Please call **1-800-535-5895** and check on your application status if you have not been contacted within seven (7) working days after your application has been mailed. Please mail applications to the address below or fax to 218-573-3778. Our fax machine is left on 24 hours a day, 7 days a week.

**NORTH STAR NURSING
PO BOX 306
OSAGE, MN 56570**

**E-MAIL ADDRESS
northstar@arvig.net**

Thank you for your interest in working with North Star Nursing!!

APPLICATION FOR EMPLOYMENT

NAME _____
(LAST) (FIRST) (M.I.)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER() _____ OTHER() _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____ - _____ - _____ U.S. CITIZEN? YES / NO

POSITION YOU ARE APPLYING FOR:

RN _____ LPN _____ CNA _____ HHA _____ PCA _____

NURSING LICENSE:

STATE _____ NUMBER _____ EXPIRATION DATE _____

STATE _____ NUMBER _____ EXPIRATION DATE _____

NURSING ASSISTANT REGISTRATION:

STATE _____ NUMBER _____ EXPIRATION DATE _____

STATE _____ NUMBER _____ EXPIRATION DATE _____

HAS YOUR LICENSE EVER BEEN UNDER INVESTIGATION OR SUSPENDED?

YES _____ NO _____ IF YES, EXPLAIN _____

DATE OF CPR CERTIFICATION _____ EXPIRATION DATE _____

DATE OF ACLS CERTIFICATION _____ EXPIRATION DATE _____

DATE AVAILABLE FOR EMPLOYMENT _____

ARE YOU AVAILABLE FOR TEMPORARY PLACEMENTS IN OTHER AREAS OR STATES? YES ___ NO ___ IF YES, LENGTH OF NOTICE NEEDED _____

HOW FAR WILL YOU DRIVE? _____ OVERNIGHT STAYS? _____

HOW MANY SHIFTS PER PAYPERIOD WILL YOU WORK? _____

HEALTH PROFILE

MANTOUX (TB) TEST DATE _____ (A COPY IS REQUIRED FOR YOUR FILE)

EDUCATIONAL PROFILE

HIGH SCHOOL DIPLOMA _____ YES / NO
HIGH SCHOOL _____

COLLEGE/TECHNICAL SCHOOL _____ YES / NO
DEGREE EARNED _____ COMPLETION DATE _____
COLLEGE/TECHNICAL SCHOOL _____

CERTIFICATIONS/OTHER EDUCATION _____

EXPERIENCE PROFILE

HOSPITAL _____ YEARS _____
POSITION _____ AREAS WORKED _____

NURSING HOME _____ YEARS _____
POSITION _____ JOB DESCRIPTION _____

HOME CARE _____ YEARS _____
POSITION _____ JOB DESCRIPTION _____

OTHER _____

EMPLOYMENT HISTORY (BEGINNING WITH MOST RECENT EMPLOYER)

EMPLOYER _____ POSITION _____

ADDRESS _____

PHONE () _____ EMPLOYED FROM _____ TO _____

____ PART TIME ____ FULL TIME

SUPERVISOR _____

REASON FOR LEAVING _____

EMPLOYER _____ POSITION _____

ADDRESS _____

PHONE () _____ EMPLOYED FROM _____ TO _____

____ PART TIME ____ FULL TIME

SUPERVISOR _____

REASON FOR LEAVING _____

EMPLOYER _____ POSITION _____

ADDRESS _____

PHONE () _____ EMPLOYED FROM _____ TO _____

____ PART TIME ____ FULL TIME

SUPERVISOR _____

REASON FOR LEAVING _____

EMPLOYER _____ POSITION _____

ADDRESS _____

PHONE () _____ EMPLOYED FROM _____ TO _____

____ PART TIME ____ FULL TIME

SUPERVISOR _____

REASON FOR LEAVING _____

HOW DID YOU HEAR ABOUT NORTH STAR
NURSING? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THEN A MINOR TRAFFIC VIOLATION? _____ YES _____ NO IF YES, EXPLAIN _____

I HEAREBY EXPRESSLY AUTHORIZE NORTH STAR NURSING TEMPORARY ASSOCIATES, INC. TO REVIEW THE INFORMATION SET FORTH IN THIS APPLICATION, INCLUDING MY REFERENCES. I FURTHER AUTHORIZE THE RELEASE OF THIS APPLICATION AND REFERENCE INFORMATION TO A CLIENT INSTITUTION OF NORTH STAR NURSING TEMPORARY ASSOCIATES, INC. I REALIZE THAT ANY FALSIFICATION, MISLEADING OR INCORRECT STATEMENTS WILL RESULT IN IMMEDIATE DISMISSAL.

SIGNATURE _____ DATE _____

REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERENCES THAT YOU WOULD LIKE NORTH STAR NURSING TO CONTACT REGARDING PRESENT OR PREVIOUS EMPLOYMENT. PLEASE LIST NAMES AND PHONE NUMBERS SO THAT WE CAN CONTACT THEM BY PHONE.

1. _____

2. _____

3. _____

I HEREBY AUTHORIZE NORTH STAR NURSING TEMPORARY ASSOCIATES, INC. TO CONTACT THE ABOVE CONCERNING MY EMPLOYMENT RECORD. I DO HEREBY RELEASE THE ABOVE LISTED ENTITY AND ALL INDIVIDUALS CONCERNED FROM ANY CLAIMS, SUITS AND LIABILITIES FOR ANY SUCH DAMAGE WHATSOEVER RESULTING FROM THEIR RESPONSE TO THIS REQUEST.

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SOCIAL SECURITY # _____

SIGNATURE _____ DATE _____