



Staff Relief Inc.

Employment Application

It is preferred that you use our online checklist by clicking the "HTML" icon on the online forms page. This will greatly streamline your application process. If this form is used, please mail or drop it by our office as soon as possible.

Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

Apt or Ste: _____ State: _____ Zip Code: _____ Phone Number: _____

E-mail Address: _____

Alternate Phone Number: _____ Work Cell Other (please specify): _____

DOB: _____ Referred By: _____

Classification: RN LPN Med Tech Lab Tech Radiologic Technologist

X-Ray Tech Reg. Respiratory Therapist CRTT – Other

License/Certification State: #1 _____ #2 _____

Please include a copy of nurse's license, driver's license & other certification with application checklist materials, including mal-practice insurance.

Date Able to Start: _____

Emergency Contact: First Name: _____ Last Name: _____

Address: _____ City: _____

Apt or Ste: _____ State: _____ Zip Code: _____ Phone Number: _____

Social Security #: _____ CPR Certification: YES NO

Please include a copy of your Social Security Card & CPR card with the materials in the Application Checklist that you mail to SRI.

EDUCATIONAL BACKGROUND:

High School: _____ Dates Attended: _____ Graduate: YES NO

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number (Optional): _____

Vocational School: _____ Dates Attended: _____ Graduate: YES NO

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number (Optional): _____

Hospital: _____ Dates Attended: _____ Graduate: YES NO

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number (Optional): _____

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**16 East Main Street • Forsyth, Georgia 31029
Phone: 478-974-0075 • Fax: 478-974-0040
1-800-732-2346**



Staff Relief Inc.

College/University: _____ Dates Attended: _____ Graduate: YES NO
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number (Optional): _____

Other Professional Training: _____ Dates Attended: _____ Graduate: YES NO
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number (Optional): _____

WORK HISTORY:

Please list your last employer first. Give areas of experience and length of time spent in each, and reason for leaving. List Supervisor.

Employer: _____ Dates Worked (month/year): _____
Area(s) of Experience: _____ Supervisor: _____

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Area(s) of Experience: _____ Supervisor: _____

PERSONAL REFERENCE:

Please list two people you have known for at least two years, excluding relatives.

Reference #1: First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number (Optional): _____

Reference #2: First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number (Optional): _____

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Staff Relief Inc.

List Shifts Willing to Work: _____

List Days Willing to Work: _____

List Areas Willing to Work: _____

What is your Specialty Area? _____

List Locations Willing to Work: _____

Thank you for taking the time to complete this application.

Please mail this application along with the rest of the required documentation listed on the Application Checklist to the following address.

Staff Relief Inc.
16 East Main St.
Forsyth, GA 31029

You may also e-mail this application to the following e-mail address:

applications_sri@staffreliefinc.com

Your other required documentation (in addition to your updated résumé) may be mailed or physically dropped off to our Forsyth office.