



Staff Relief Inc.

Application

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: _____

Do you have any impairment (physical or mental), which would interfere | Social Security #: _____

with your ability to perform the assignment for which you are applying for? | CPR Certification: YES NO

If Yes, please explain: _____

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

EDUCATIONAL BACKGGROUND:

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): _____

Continued Next Page

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: _____

Employer: _____ Dates Worked (month/year): _____
 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): _____

MEDICAL HISTORY:

Date of Last Physical: _____ Have you ever been convicted of controlled substance violation? YES NO

Please attach Physician's statement with the items on the Application Checklist
 If Yes, please explain: _____

Continued Next Page



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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:

staffrelief@bellsouth.net

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