



# 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**



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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: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Worked (month/year): \_\_\_\_\_  
 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): \_\_\_\_\_

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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:

[applications\\_sri@staffreliefinc.com](mailto: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.