



V PLATINUM CONSULTING, LP.

The First Choice in Healthcare Staffing

www.v-platinum.com

12750 Merit Drive Suite 260 Dallas, TX 75251

Main Line: 972.239.4104 Fax: 972.386.7216

Instructions :
 * Attach a current resume to completed application that covers all periods of time, from undergraduate school to present. Indicate month and year
 * Provide a thorough explanation for every malpractice claim, suit, or incident you have ever experienced. At minimum, this must include information on: type of care, procedure, major allegations, and other pertinent information such as the name and location of court, names of parties involved, and a brief description of the nature of the claim.

THIS COMPANY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

As an Equal Opportunity / Affirmative Action Employer, V-Platinum Consulting, does not discriminate in employment on the basis of Age, Gender, Race, Color, Religion, National Origin, Disability, Veteran/Military Status, Pregnancy Status or any other classification protected by State, and Federal Laws.

IDENTIFYING INFORMATION	Last Name		First Name		Middle Name		Previous Surname	
	Modalities				License(s)/Registration Number(s)			
	Home Phone		Work Phone		Mobile Phone		Pager/Other	
	Are you able to work legally in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				<i>You will be asked to provide proof of eligibility to work in the United States</i>			
	If yes please indicate the following: <input type="checkbox"/> US Citizen <input type="checkbox"/> Visa or work authorization							
MAILING ADDRESS	Street				Email			
	City		State		ZIP Code		Other Phone	
OTHER ADDRESS	Street							
	City		State		ZIP Code		Other Phone	
TRAVELING INFORMATION	Do you prefer to drive your own car for the assignment?			Will you be traveling with anyone?			Who:	
	Are you traveling with pets?		If yes, what type of pet (i.e. size, pounds)			Do you prefer Smoking / Non-Smoking (please circle)		
	What are the 3 closest airport locations?		1)		2)		3)	
	Please list all frequent flyer programs to which you belong:							
EDUCATION / TRAINING	School Name or Institution			Degree/Certificate			Honors	
	City		State		Telephone			
	School Name or Institution			Degree/Certificate			Honors	
	City		State		Telephone			
	<input type="checkbox"/> BLS		<input type="checkbox"/> ACLS		<input type="checkbox"/> NRP		<input type="checkbox"/> PALS	
	<input type="checkbox"/> Other:							
	expires:		expires:		expires:		expires:	
List of other courses/certificates								

I affirm that all information given on this page is true and accurate Initials _____ Date _____

HEALTH STATUS Please attach current copies of TB skin Test, Hepatitis B, MMR, Rubella Titers, Tetanus, Varicella, and Physical exams	Are there any reasons that would prevent you from being able to perform competently the functions of your speciality? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Are there any reasons that would prevent you from being able to travel and promptly assume responsibilities in unfamiliar facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROFESSIONAL REFERENCES Please list all 3 professional references with whom you have had clinical contact within the last 2 years (At least 2 of these should be within your specialty) They should be able to assess your professional skills and capabilities.	1	Name	Hospital / Institution	Phone	Fax	
	2	Name	Hospital / Institution	Phone	Fax	
	3	Name	Hospital / Institution	Phone	Fax	
	BACKGROUND QUESTIONS					
	Have any of the following been, or are any currently in the process of being, investigated, denied, revoked, suspended, reduced, limited, placed on probation, terminated, or placed under other disciplinary action? If Yes Please provide a full explanation on a separate sheet.					
	Have you ever taken a national certification exam and failed to pass? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No *Conviction will not be used as an absolute bar from placement.						
Have your clinical privileges or medical staff membership to any healthcare institution been subject to any disciplinary action or conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been involved in a malpractice claim, suit, or arbitration proceeding or received a letter of intent? * If yes, please request a malpractice claim worksheet. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has any insurance carrier ever denied, cancelled, refused to renew, restricted or rated your professional liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have limitations ever been placed on the scope of your coverage by any healthcare authority? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censored, disqualified, or other restricted in regard to participation in Medicare/Medicaid program, or in regard to other Federal or State governmental healthcare plans or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever received funds under the Worker's Compensation Act for job-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your license to practice, in your profession, ever been denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a consent order, probation or any conditions or limitations by any state licensing board or certifying agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you currently or have you in the past 60 days used illegal substances or drugs or failed to take legally prescribed drugs in the manner prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a physical or mental condition that may affect your ability to perform the job offered? If "Yes," what can be done to reasonably accommodate your special need(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
WORK EXPERIENCE List in reverse chronological order, beginning with the most current, ALL employment affiliations since completion of education. (Attach a separate sheet, if additional space is needed.) Please explain any gaps in your work history on a separate sheet	Name of Hospital/Company			Name & Title of Immediate Supervisor		
	Address					
	Position held/job description		Dates (mm/yy - mm/yy)	Starting Salary	Ending Salary	
	Name of Hospital/Company			Name & Title of Immediate Supervisor		
	Address					
	Position held/job description		Dates (mm/yy - mm/yy)	Starting Salary	Ending Salary	
	Name of Hospital/Company			Name & Title of Immediate Supervisor		
	Address					
	Position held/job description		Dates (mm/yy - mm/yy)	Starting Salary	Ending Salary	
	I affirm that all information given on this page is true and accurate					
			Initials	Date		

RELEASE & AUTHORIZATION	<p>I appoint and authorize V Platinum Consulting, LP. (hereafter, referred to as 'VPC'), your successors or whomever assigned, to serve and act as my factoring agent in making any such assignment for my services and to freely do so in VPC's sole and exclusive judgment in making the selection of any such assignment without any requirement or obligation to VPC from me to make any particular assignment. I hereby acknowledge that this agreement is not assignable, provided however, that this agreement is assignable by VPC to your assigns, successors, or a purchaser of substantially all VPC assets.</p> <p>Further, I am, and shall continue to work on any assignment made by VPC for my services pursuant to this request. VPC shall serve and act in the capacity of my factoring agent in performing a service for me when VPC assigns me to fill a request for an assignment. I shall be responsible for any and all damages that are a result of my actions or inactions whether these actions or inactions are intentional or unintentional. Furthermore, I will not seek or accept employment (temporary, full-time or part-time) with any Facility that VPC has referred, presented or placed me at during the term of this agreement and within one (1) year from the date of cancellation of this agreement without allowing the Factoring Agent to represent me. In the event that permanent placement is obtained, I understand that VPC shall receive not less than ten (10) percent and not more than thirty-five (35) percent of my base annual salary from that Facility as compensation (fee) for procuring such permanent placement which fee shall be an obligation of and payable by the Facility. Should the Facility not compensate the Factoring Agent as set forth above, I will be held monetarily responsible for the aforementioned fee. This agreement shall continue until revoked by me in writing, personally signed by me and I have obtained signed receipt acknowledging delivery thereof to VPC. VPC may cancel this agreement by the same kind of notice to me.</p> <p>I agree to keep VPC informed of my current mailing address (other than a post office box) and telephone number for as long as VPC serves as my agent. I have retained a copy of this letter.</p> <p>It is understood, that funds which I receive from V Platinum Consulting, LP and all of its subsidiaries are funds that have been factored from the invoice sent to the Facility.</p> <p>FOR CA ASSIGNMENTS: It is also understood, that funds which I receive from V Platinum Consulting of California, LP and all of its subsidiaries are funds that have been factored from the invoice sent to the Facility.</p> <p>In connection with my application for employment with you, I understand that investigative background inquiries are to be made on myself from various Federal, State, and other agencies, which can include consumer credit, criminal convictions, civil actions, workers compensation, driving record, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for separation from previous employers. Information such as date of birth and driver's license number are used strictly as identifiers in the screening process to insure accurate information. In no way will this information affect eligibility status for employment with this company.</p> <p>I authorize without reservation Daniel D. Stevens, Inc. and or any other agencies contacted, to furnish the above-mentioned information, and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in Original, Fax or Copy form.</p> <p>I understand that any offer for assignment will be conditional upon my taking and passing a post-offer/pre-offer drug and/or alcohol test. Furthermore, I release VPC, designated collection site(s), Daniel D. Stevens, Inc., designated laboratories and their officers, directors and agents, from any and all liability to me which they might otherwise have arising out to or related to such testing or their reporting of the test results to Company management or to other persons permitted or required by law or regulation to receive such information.</p> <p style="text-align: right;"><i>Signature</i> _____ <i>Date</i> _____</p>
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<u>Identifying Information for Consumer Reporting Agency</u>			
Please PRINT			
Name: _____	SSN: _____		
Date of Birth: _____			
Driver's License: _____	State: _____		
Addresses:			
Current Address: _____	City: _____		
State: _____	Zip Code: _____	County: _____	Years: _____
Previous Address: _____	City: _____		
State: _____	Zip Code: _____	County: _____	Years: _____

VOLUNTARY SELF-IDENTIFICATION

(For Affirmative Action Programs and EEO-1 reporting purposes only)

Name: _____

Date: _____

Race or Ethnicity Identity:	Gender:
Hispanic or Latino <input type="checkbox"/>	Male <input type="checkbox"/>
White or Caucasian <input type="checkbox"/>	Female <input type="checkbox"/>
Black or African American <input type="checkbox"/>	
Native Hawaiian or Pacific Islander <input type="checkbox"/>	
Asian <input type="checkbox"/>	
American Indian or Alaskan Native <input type="checkbox"/>	
Two or More Races <input type="checkbox"/>	
I DO NOT wish to self identify signature:	

Race or Ethnicity Identity Definitions:	
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White or Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races	All persons who identify with more than one of the above races.