

# Application For Employment

(Must be completed even if attaching a resume)

If you are ready to begin working with On Assignment HIM, we're ready to start working with you. Please complete the application and one of our experienced recruiters will contact you soon.

Please be assured that On Assignment maintains a strict privacy policy. We will not share your information with any third party without your authorization and will only contact you for the specific purpose of serving your request.

## Contact Information

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

NOTE: For security purposes, this must be a private email address. If you do not have an email address please leave blank.

\_\_\_\_\_  
Emergency Contact 1 (Name & Phone Number)

\_\_\_\_\_  
Emergency Contact 2 (Name & Phone Number)

## Education (Please do not note the year high school diploma was received)

\_\_\_\_\_  
High School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Did you graduate?  Yes  No

\_\_\_\_\_  
College / University

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present  
From To

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

Relevant Course Work:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
College / University

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present  
From To

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

Relevant Course Work:  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_



# Professional Experiences

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present \_\_\_\_\_  Annual  Hourly  
From To Title Salary

Description: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present \_\_\_\_\_  Annual  Hourly  
From To Title Salary

Description: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present \_\_\_\_\_  Annual  Hourly  
From To Title Salary

Description: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  Present \_\_\_\_\_  Annual  Hourly  
From To Title Salary

Description: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Name: \_\_\_\_\_



# References

**To be filled out by applicant:**

Employee Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

Supervisor/ Contact: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Major Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Work Performance (Please circle one)	Excellent	Average	Below Average
Does he/she need supervision?		Yes	No
Does he/she work well in a group environment?		Yes	No
Does he/she have good attendance?		Yes	No
Does he/she come to work on time every day?		Yes	No
Is he/she dependable?		Yes	No
Does he/she have good oral communication skills?		Yes	No

How long have you known him/her? \_\_\_\_\_

How does he/she react to changes and suggestions? \_\_\_\_\_

Are you his/her supervisor, peer, friend, etc? \_\_\_\_\_

What do his/her peers think of him/her? \_\_\_\_\_

Does he/she do his/her best work alone or working with a group? \_\_\_\_\_

Does he/she have good time management skills? \_\_\_\_\_

Can he/she prioritize? \_\_\_\_\_

Are his/her projects completed on time? \_\_\_\_\_

How is his/her work quality compared to his/her peers? \_\_\_\_\_

What areas do you think improvements need to be made? \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_



# References

**To be filled out by applicant:**

Employee Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

Supervisor/ Contact: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Major Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Work Performance (Please circle one)	Excellent	Average	Below Average
Does he/she need supervision?		Yes	No
Does he/she work well in a group environment?		Yes	No
Does he/she have good attendance?		Yes	No
Does he/she come to work on time every day?		Yes	No
Is he/she dependable?		Yes	No
Does he/she have good oral communication skills?		Yes	No
How long have you known him/her?	_____		
How does he/she react to changes and suggestions?	_____		
Are you his/her supervisor, peer, friend, etc?	_____		
What do his/her peers think of him/her?	_____		
Does he/she do his/her best work alone or working with a group?	_____		
Does he/she have good time management skills?	_____		
Can he/she prioritize?	_____		
Are his/her projects completed on time?	_____		
How is his/her work quality compared to his/her peers?	_____		
What areas do you think improvements need to be made?	_____		
Comments:	_____		

Name: \_\_\_\_\_



## Professional Organizations

Organization _____	Role _____	From ____/____/____ - To ____/____/____	<input type="checkbox"/> Present
Organization _____	Role _____	From ____/____/____ - To ____/____/____	<input type="checkbox"/> Present
Organization _____	Role _____	From ____/____/____ - To ____/____/____	<input type="checkbox"/> Present

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## Certifications

Type of Certificate:	Certificate #:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## Licensures

License _____	State _____	Licensure Number _____	Expires ____/____/____
License _____	State _____	Licensure Number _____	Expires ____/____/____
License _____	State _____	Licensure Number _____	Expires ____/____/____
License _____	State _____	Licensure Number _____	Expires ____/____/____

Name: \_\_\_\_\_



# Employment Questions

Position applying for: \_\_\_\_\_

Date available: \_\_\_\_/\_\_\_\_/\_\_\_\_

What kind of transportation will you use to get to work?  Public  Private

How many weeks notice do you need to give your current employer? \_\_\_\_\_

How far are you willing to commute on a daily basis? \_\_\_\_\_ Miles \_\_\_\_\_ Minutes

Check preferred employment type:  Contract  Contract-to-hire  Direct Hire  Per Diem

Check the days you are willing to work:  Any  M  T  W  T  F  S  Su

Check the shifts you are willing to work:  Any  Days  Nights  Evenings  Weekends

Would you prefer to work:  Either  Part-time  Full-time

Can you, after employment, submit verification of your legal right to work in the U.S.?  Yes  No

Have you been convicted of a felony within the last seven years?  Yes  No

(An affirmative response to this question will not necessarily disqualify you from employment)

As a condition of employment, you may be required to take and pass a drug and/or alcohol screen. Testing will be done at the company's expense and administered by a testing facility designated by company. Results of any testing will be kept strictly confidential. If requested, are you willing to take the drug and/or alcohol screen?  Yes  No

How did you hear about On Assignment HIM?

- AbsolutelyHealthcare.com
- AlliedHealthCareers.com
- Brochure
- Careerbuilder.com
- Convention
- Email
- HealthcareRecruitmentOnline.com
- Flyer
- Internet Ad
- Job Fair
- Magazine
- Mail Piece
- Monster.com
- Newspaper
- Onassignment.com
- Phone Call
- Radworking.com
- Referral
- Yellow Pages
- Web Search

### Qualifications:

Months since last job in HIM: \_\_\_\_\_

Total years of HIM experience: \_\_\_\_\_

Security Clearance: (Optional)

- None  Actively Confidential  Active Secret  Active Top Secret  Active Top Secret/SCI
- Inactive Confidential  Inactive Secret  Inactive Top Secret  Inactive Top Secret/SCI

US Military Service: (Optional)

- None  Active Duty  Retired Military  Veteran/Prior Service  Reservist
- National Guard  Inactive Reserve/Guard

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_ Other Language: \_\_\_\_\_

On Assignment is an Equal Opportunity Employer. All applicants are considered for employment regardless of age, race, gender, religion, national origin, disability, marital status, or any other factor prohibited by law.

I understand and agree that if I am offered employment by the Company, it will be on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time, for any reason, with or without cause. I also understand and agree that only an officer of the Company can enter into an agreement on any other terms and he/she can only do so in writing signed by him/her and me. I certify the information provided within this on-line submission is accurate. I understand that the withholding of information or the giving of false information for this on-line registration and/or phone interview for submission will result in a refusal to hire or disciplinary action up to and including termination after employment commences.

I have read and/or have been verbally read the information above before checking the box below for remittance and/or giving my permission to submit my application on-line to the customer service representative who has taken my verbal registration.

Signature \_\_\_\_\_

Date \_\_\_\_\_