

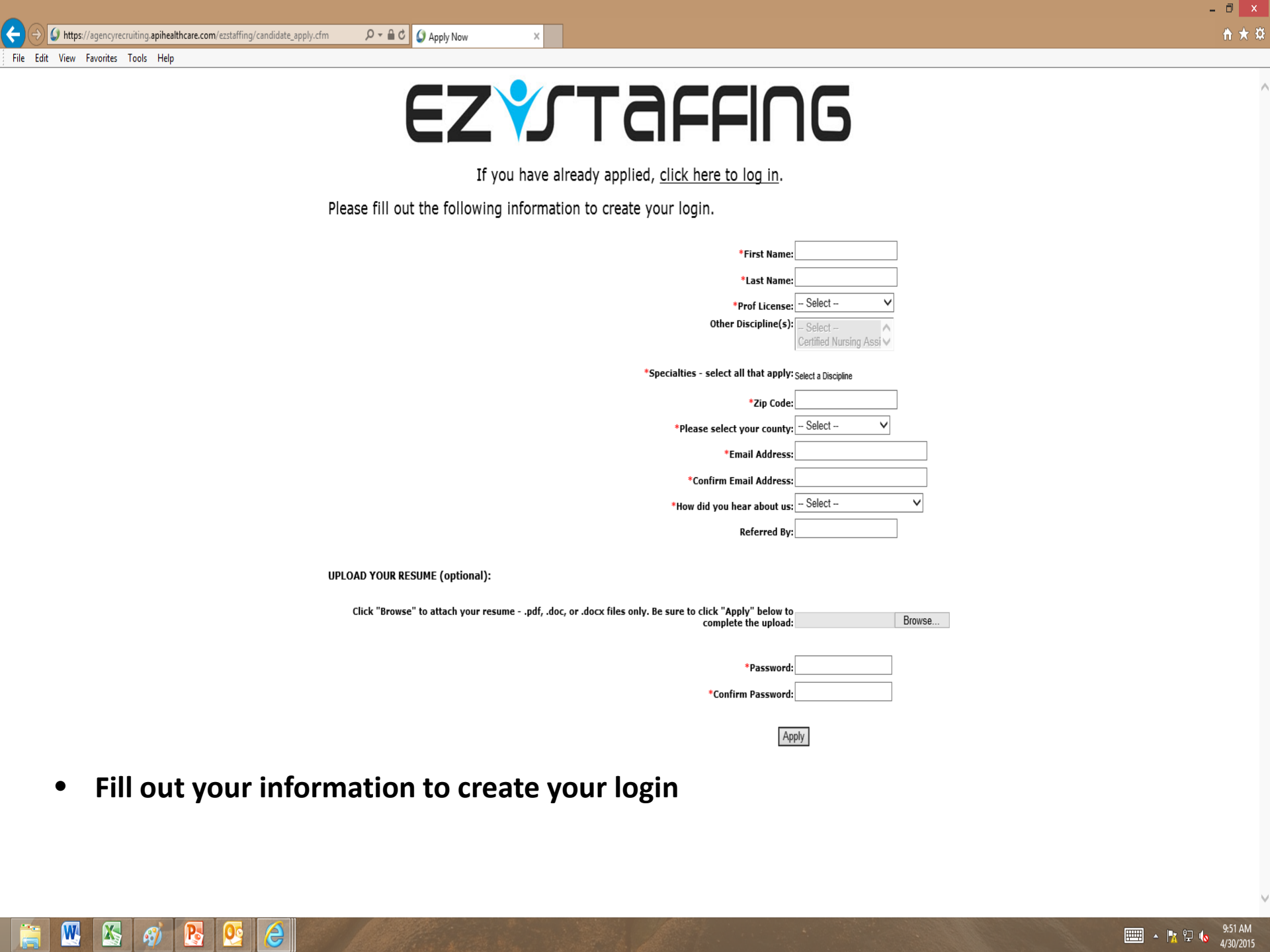
Mandatory Requirements

- Must have at least one year of acute care experience
- Resume
(Must include last 7 years of employment history)
- Professional License
- BCLS from the American Heart Association
- ACLS from the American Heart Association
(If Applicable)
- Proof of Education
- Proof of Eligibility to work in the USA
(Driver's license, Passport, Permanent Res. Card)
- Social Security Card
- Health Certification
(Completed within last 12 months)
- TB Test- PPD or Chest X-Ray
(PPD within last year, and Chest X-Ray last 2 years)
- Immunization records
(MMR, Varicella, Hepatitis B, Tdap, Influenza vaccine)
- Fit Test Record
(If applicant has been tested)
- Two employment references
(Employment in field within the last 3 years)
- Two Professional References
(References must be from a superior)

[Application Guide](#)[Get Started!](#)

- **Click Get Started! to begin**





If you have already applied, [click here to log in.](#)

Please fill out the following information to create your login.

*First Name:

*Last Name:

*Prof License:

Other Discipline(s):

*Specialties - select all that apply: Select a Discipline

*Zip Code:

*Please select your county:

*Email Address:

*Confirm Email Address:

*How did you hear about us:

Referred By:

UPLOAD YOUR RESUME (optional):

Click "Browse" to attach your resume - .pdf, .doc, or .docx files only. Be sure to click "Apply" below to complete the upload:

*Password:

*Confirm Password:

- Fill out your information to create your login



MY HOME PAGE

SIGN OUT

Welcome, Online Tutorial
My Classification: Registered
Nurse (RN)

Please sign when complete.

EMPLOYMENT APPLICATION

All questions with an asterisk (*) are required.

Personal Information	
Contact Information	!
Emergency Contacts	!
Work Preferences	✓
Personal History Information	!
Education History	
Add Education Record	!
Employment History	
Add Employer	!
License and Certifications	
Professional License	✓
CPR Certifications	!
Advanced Certifications	✓
Professional References	
Add Professional Reference	!
Electronic Signature	
Application Signature	!

* First Name: Online

Middle Name:

* Last Name: Tutorial

*Specialties - select all that apply:

- ☐ Bone Marrow Transplant (BMT)
- ☐ Burn Intensive Care (BICU)
- ☐ Cardiac Care Unit (CCU)
- ☐ Cardiovascular Intensive Care (CVICU)

*Social Security:

* Address:

Apt:

* City:

*State: -- Select --

*Zip: 00000

*Home Phone:

Mobile Phone:

* Email: recruiting@ezstaffing.com

RESUME UPLOAD:

Click "Browse" to attach your resume - .pdf, .doc, or .docx files only. Be sure to click "Save and Next" below to complete the upload.

Resume: Browse...

Current Uploaded Resume: None

Save and Next

- Complete your registration



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Personal Information	
Contact Information	✓
Emergency Contacts	✓
Work Preferences	✓
Personal History Information	!
Education History	
Add Education Record	!
Employment History	
Add Employer	!
License and Certifications	
Professional License	✓
CPR Certifications	!
Advanced Certifications	✓
Professional References	
Add Professional Reference	!
Electronic Signature	
Application Signature	!

Please sign when complete.

EMERGENCY CONTACT INFORMATION

* Emergency Contact Name:

*Emergency Contact Phone:

Emergency Contact Relationship:

Emergency Contact Address:

Save and Next

- Emergency Contact Information



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Please sign when complete.

WORK PREFERENCES

Personal Information	
Contact Information	✓
Emergency Contacts	✓
Work Preferences	✓
Personal History Information	!
Education History	
Add Education Record	!
Employment History	
Add Employer	!
License and Certifications	
Professional License	✓
CPR Certifications	!
Advanced Certifications	✓
Professional References	
Add Professional Reference	!
Electronic Signature	
Application Signature	!

- Preferred Shifts:
- ☐ 12:00 AM - 12:30 PM
 - ☐ 1:00 AM - 13:30 AM
 - ☐ 3:30 AM - 12:30 PM
 - ☐ 6:45 AM - 7:15 PM
 - ☐ 6:30 AM - 3:00 PM

Date available to work (MM/DD/YYYY):

- Preferred Locations:
- ☐ Select All
 - ☒ United States
 - ☐ AL
 - ☐ AK
 - ☐ AZ
 - ☐ AR
 - ☐ CA
 - ☐ CO

Select your preference: -- Select --

- Type of assignment:
- ☐ Temporary
 - ☐ Short-Term
 - ☐ Long-Term

- Days of week you are available:
- ☐ M
 - ☐ T
 - ☐ W
 - ☐ TH
 - ☐ F
 - ☐ S
 - ☐ SU

- Counties that you are available to work:
- ☐ Inland Empire
 - ☐ Los Angeles County
 - ☐ Orange County
 - ☐ San Diego County
 - ☐ Ventura County

Save and Next

Skip

- Choose your preferred shifts, dates and days to work, locations, counties and availability.



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Nurse (RN)

Please sign when complete.

PERSONAL HISTORY INFORMATION

Personal Information	
Contact Information	✓
Emergency Contacts	✓
Work Preferences	✓
Personal History Information	!
Education History	
Add Education Record	!
Employment History	
Add Employer	!
License and Certifications	
Professional License	✓
CPR Certifications	!
Advanced Certifications	✓
Professional References	
Add Professional Reference	!
Electronic Signature	
Application Signature	!

*Have you ever been named as the defendant in a malpractice or negligence suit: ☐ Yes ☐ No

If yes, give date and explain:

*Can you perform the essential functions of the job applied for, with or without a reasonable accommodation (see written job description for essential job functions): ☐ Yes ☐ No

If no, please explain:

*Have you ever been convicted of a crime? (Conviction will not necessarily disqualify you from employment): ☐ Yes ☐ No

If yes, please explain:

*Have you ever been investigated, suspended or had your license revoked in any of the above jurisdictions: ☐ Yes ☐ No

If yes, give date and explain:

TRANSPORTATION INFORMATION

*Do you have reliable transportation to and from work: ☐ Yes ☐ No

*If hired, will you provide EZ Staffing, Inc. auto insurance Information: ☐ Yes ☐ No

Driver License:

State Issued: -- Select --

Expires:

Insurance Company:

Policy #:

Telephone Number:

Save and Next

• Your history information



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Please sign when complete.

EDUCATION HISTORY

Personal Information	
Contact Information	✓
Emergency Contacts	✓
Work Preferences	✓
Personal History Information	✓
Education History	
Add Education Record	!
Employment History	
Add Employer	!
License and Certifications	
Professional License	✓
CPR Certifications	!
Advanced Certifications	✓
Professional References	
Add Professional Reference	!
Electronic Signature	
Application Signature	!

*School Name:

*Location (City, State):

Main Phone Number:

*Course Of Study:

*Degree:

Start Date (MM/DD/YY) :

Graduation Date (MM/DD/YY) :

Click the Save and Add button to add each additional school. To continue completing the application, click the Save and Next button.

Save and Next

Save and Add

- Education History



MY HOME PAGE

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Please sign when complete.

EMPLOYMENT HISTORY

Please start with your present or most recent employer.

*Employer:

*Start Date (MM/DD/YY) :

*End Date (MM/DD/YY or "p" if current job):

*Address:

*City:

*State: -- Select --

Zip:

*Employer Telephone Number:

*Job Title:

*Brief description of duties performed:

Unit:

*Supervisor's Name:

*Supervisor's Title:

Supervisor's Telephone Number:

Reason for Leaving:

Starting Pay Rate:

Final Pay Rate:

Click the Save and Add button to add additional Employers. To continue completing the application, click the Save and Next button.

Save and Next

Save and Add

- Employment History
- Employment History must include past 3 years of relevant experience in field.



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Nurse (RN)

Please sign when complete.

PROFESSIONAL LICENSE

Enter your state license information, if applicable.

NOTE: If you do not have this information available to you at this time, you may use the "Skip" button to move on to the next page.

*State: -- Select --

*License Discipline: -- Select --

*License Number:

*Expiration Date (MM/DD/YY):

Click "Save and Add" to add additional states in which you are licensed.

Save and Next Save and Add Skip

State	License Discipline	License Number	Expiration Date (MM/DD/YY)	Compact License?
-------	--------------------	----------------	----------------------------	------------------

Personal Information
Contact Information
Emergency Contacts
Work Preferences
Personal History Information
Education History
Add Education Record
Edit dfggge
Employment History
Add Employer
Edit hgh
License and Certifications
Professional License
CPR Certifications
Advanced Certifications
Professional References
Add Professional Reference
Electronic Signature
Application Signature

- Enter your professional Licenses

Online Application

File Edit View Favorites Tools Help

https://agencyrecruiting.apihealthcare.com/ezstaffing/onlineapp.cfm?pid=8&mid=8

Online Application

MY HOME PAGE

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Welcome, Online Tutorial

My Classification: Registered Nurse (RN)

Personal Information

Contact Information ✓

Emergency Contacts ✓

Work Preferences ✓

Personal History Information ✓

Education History

Add Education Record ✓

Edit dfggge

Employment History

Add Employer ✓

Edit hfgh

License and Certifications

Professional License ✓

CPR Certifications !

Advanced Certifications ✓

Professional References

Add Professional Reference !

Electronic Signature

Application Signature !

Please sign when complete.

CPR CERTIFICATIONS

NOTE: Basic Cardiac Life Support Certification is required for all positions and must be issued by the American Heart Association.

*CPR Type:

-- Select --

ACLS

BCLS

NRP/NALS

PALS

*Expiration Date (MM/DD/YY):

Click "Save and Add" to add each additional certification.

Save and Next

Save and Add

CPR Type	Expiration Date (MM/DD/YY)
----------	----------------------------

• Add your Certifications

• Click on Save and Add for additional certifications

10:26 AM

4/30/2015



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Nurse (RN)

Please sign when complete.

ADVANCED CERTIFICATIONS

NOTE: If you do not have this information available to you at this time, you may use the "Skip" button to move on to the next page.

*Certification:
CEN ☐
Fetal Monitoring ☐
FR Test ☐
*Expiration Date (MM/DD/YY): MAB
MICN
TNCC
*Certificate Number:

Click "Save and Add" to add each additional certification.

Save and Next Save and Add Skip

Certification	Date Issued (MM/DD/YY)	Expiration Date (MM/DD/YY)	Certificate Number
---------------	------------------------	----------------------------	--------------------

- Advanced certifications



MY HOME PAGE

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Nurse (RN)

Personal Information
Contact Information ✓
Emergency Contacts ✓
Work Preferences ✓
Personal History Information ✓

Education History
Add Education Record ✓
Edit dfggge

Employment History
Add Employer ✓
Edit hfgh

License and Certifications
Professional License ✓
CPR Certifications ✓
Advanced Certifications ✓

Professional References
Add Professional Reference ?

Electronic Signature
Application Signature ?

Please sign when complete.

PROFESSIONAL REFERENCES

Two *professional* (non-relative) references required.

*Reference Name:
*Reference Title:
Reference Email:
Confirm Reference Email:
*Reference Phone:
*Facility:
Start Date (MM/DD/YY) :
End Date (MM/DD/YY) :
Unit:
Address:
City:
State: -- Select --
Zip:
Facility Phone:
Facility Fax:

Save and Add

Adding 1 of 2 required references.

- Adding 2 professional References
- P.S. Professional References have to be Charge RNs and Supervisors.



MY HOME PAGE

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Welcome, Online Tutorial
My Classification: Registered
Nurse (RN)

Personal Information	
Contact Information	✓
Emergency Contacts	✓
Work Preferences	✓
Personal History Information	✓
Education History	
Add Education Record	✓
Edit dfggge	
Employment History	
Add Employer	✓
Edit hfgh	
License and Certifications	
Professional License	✓
CPR Certifications	✓
Advanced Certifications	✓
Professional References	
Add Professional Reference	✓
Edit dfffg	
Edit fdgdg	
Electronic Signature	
Application Signature	?

Please sign when complete.

APPLICATION SIGNATURE

*I have read the above and certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview may result in rejection of my application or, if I am hired, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of EZ Staffing, Inc. I understand that in connection with the application process, EZ Staffing, Inc. may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of any criminal records. I request, authorize, and consent the release of any and all such information to EZ Staffing, Inc. consistent with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to EZ Staffing, Inc. in good faith and without malice from any and all claims or liability of any type whatsoever.

Select "I agree" and click the "Save and Next" button to submit your application.:

I agree ☐

Save and Next

- Your electronic signature
- Will appear at the end of every form.

Browser address bar: https://agencyrecruiting.apihealthcare.com/ezstaffing/candidate_dashboard.cfm?mt:

Page Title: Candidate Dashboard

EZSTAFFING

MY HOME PAGE SIGN OUT

My Tasks

Application (100% complete)

My Application

Skill Checklists (0)

There are no assigned checklists on file.

Competency Tests (38)

- ! [Body Mechanics](#)
- ! [Falls Prevention](#)
- ! [Patient Rights](#)
- ! [Patient Safety](#)
- ! [Quality Improvement](#)
- ! [Moderate/Conscious Sedation](#)
- ! [IV Therapy RN](#)
- ! [RN Medication](#)
- ! [Vascular Access Device Management \(Central Lines and PICCs\)](#)
- ! [Color Vision](#)
- ! [Complaints and Grievances](#)
- ! [Infection Control](#)
- ! [Environment of Care](#)
- ! [Abuse and Neglect](#)
- ! [Legal Issues in Healthcare](#)
- ! [Care Planning](#)
- ! [Age Specific](#)
- ! [OSHA Healthcare Safety](#)
- ! [Restraints](#)

My Information

Edit Save

Name
Online Tutorial

Username
recruiting@ezstaffing.com

Email
recruiting@ezstaffing.com

Password
[Click to Change Password](#)

Phone
818-845-2500

My Documents

Application (1)

[O Tutorial Default SYS Apr-30-15 103843.pdf](#)

Skill Checklists (0)

Competency Tests (0)

Employee Forms (0)

- On the left side, you can see the tasks you need to complete
- An exclamation mark will be present next to every incomplete task

- On the right side, you have your information, along with the documents you completed and signed



Exit Test

Welcome to the Testing Center. Please complete all assigned tests. Your Recruiter will contact you after test completion.

Click on the test you would like to complete. Please note the time limit listed next to the test.

NOTE: Once you begin the test, you will be required to complete it in its entirety - any skipped or unanswered questions after the time expires will be counted incorrect.

Body Mechanics	Time Limit: 12 minutes
Falls Prevention	Time Limit: 12 minutes
Patient Rights	Time Limit: 10 minutes
Patient Safety	Time Limit: 10 minutes
Quality Improvement	Time Limit: 10 minutes
Moderate/Conscious Sedation	Time Limit: 20 minutes
IV Therapy RN	Time Limit: 21 minutes
RN Medication	Time Limit: 27 minutes
Vascular Access Device Management (Central Lines and PICCs)	Time Limit: 17 minutes
Color Vision	Time Limit: 9 minutes
Complaints and Grievances	Time Limit: 10 minutes
Infection Control	Time Limit: 10 minutes
Environment of Care	Time Limit: 11 minutes
Abuse and Neglect	Time Limit: 12 minutes
Legal Issues in Healthcare	Time Limit: 10 minutes

- This is your testing center in which you have to get >80% to pass
- It's a preliminary evaluation of your specialty and skills.
- Includes JCAHO and specialty tests
- Study guides are attached to each test.

Name

I-9

W-4

FAC001 Authorization Agreement To Deduct

FAC002 Direct Deposit Enrollment

FHS005 H1N1 Influenza Virus Statement

FHS006 Hepatitis B Statement

FHS007 Influenza Virus Statement

FHS010 Tdap Vaccination Statement

FHR003 Background Check Application

FHR001 Acknowledgement of Orientation

FHR002 Authorization to Release

FHR004 Education Verification

FHR005 Employment Agreement

FHR006 Employment Verification

FHR007 Healthcare Professional Policy and

FHR008 HIPAA Confidentiality Agreement

FHR009 Patient Rights

FHR010 Professional Reference

FHR013 Workers Compensation Acknowled

FHR006 Employment Verification 2

FHR010 Professional Reference 2

FHS009 TB Questionnaire

Please fill out the gray and yellow highlighted areas on this form. Be sure to complete all pages - you can use the "Prev" and "Next" buttons to move through pages. When you are ready to send the form to us, click "Submit Form." If you need to make further changes after submitting the form, contact us so that we can re-assign the form to you. NOTE: You are able to move to the next form just by clicking the name on the left.



**AUTHORIZATION AGREEMENT
TO DEDUCT FROM EMPLOYEE'S PAYCHECK**

This agreement, is entered into by EZ STAFFING, INC. hereinafter referred to as EMPLOYER, and Online Tutorial, hereinafter referred to as EMPLOYEE.

Employer shall have the right to deduct from the compensation due Employee hereunder any and all sums advanced to employee in the form of advances, loans, overpayments, corrections and adjustments to Employee's paycheck for any inadvertent entries leading to discrepancies, employee portion of health and dental insurance premiums, rent/housing allowance paid by Employer on behalf of Employee.

This authorization agreement is to remain in full force at all times while Employee is under the employment of Employer.

Online Tutorial

Print Name _____

Sign

Signature _____

Registered Nurse (RN)

Department

04/30/2015

Date _____

- **These are you Employment documents.**
- **Complete, sign and submit forms**



My Documents

- Name
- I-9
- W-4
- FAC001 Authorization Agreement To Deduct
- FAC002 Direct Deposit Enrollment
- FHS005 H1N1 Influenza Virus Statement
- FHS006 Hepatitis B Statement
- FHS007 Influenza Virus Statement
- FHS010 Tdap Vaccination Statement
- FHR003 Background Check Application
- FHR001 Acknowledgement of Orientation
- FHR002 Authorization to Release Information
- FHR004 Education Verification
- FHR005 Employment Agreement
- FHR006 Employment Verification
- FHR007 Healthcare Professional Policy and
- FHR008 HIPAA Confidentiality Agreement
- FHR009 Patient Rights
- FHR010 Professional Reference
- FHR013 Workers Compensation Acknowledgment
- FHR006 Employment Verification 2
- FHR010 Professional Reference 2
- FHS009 TB Questionnaire

Prev Page 1 of 5 Next Save and Return Later Submit Form Print Download Attachment

Instructions

Please fill out the gray and yellow highlighted areas on this form. Be sure to complete all pages - you can use the "Prev" and "Next" buttons to move through pages. When you are ready to send the form to us, click "Submit Form." If you need to make further changes after submitting the form, contact us so that we can re-assign the form to you. NOTE: You are able to move to the next form just by clicking the name on the left.



PRINT CHARACTERS LIKE THIS
ABCDE 98765

CORRECT INCORRECT

Consent to Request Consumer Report & Investigative Consumer Report Information

Online

Tutorial

Applicant's First Name or Initial

Last Name

I understand that EZ Staffing will use Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (888) 889-5248 to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, EZ Staffing may obtain further Reports from STERLING so as to update, renew or extend my employment.

I understand Sterling InfoSystems Inc.'s ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: (Employer Use Only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Education Verification | <input type="checkbox"/> Sex Offender Search |
| <input type="checkbox"/> SSN Trace | <input type="checkbox"/> Employment Verification | <input type="checkbox"/> OFAC/Terrorist Watch List |
| <input type="checkbox"/> Motor Vehicle Report | <input type="checkbox"/> Personal Reference | <input type="checkbox"/> Fraud & Abuse Control Info System (FACIS®) |
| <input type="checkbox"/> Consumer Credit Report | <input type="checkbox"/> Professional License/Certification | <input type="checkbox"/> Office of Inspector General Sanctions (OIG) |
| <input type="checkbox"/> Other Please List: | | |

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if EZ Staffing makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify EZ Staffing within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize EZ Staffing to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 249 W 17th St. 6th Floor, New York, NY 10011 | 888-889-5248 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 |

☐ California, Maine, Massachusetts, Minnesota, New Jersey & Alabama Residents Only: I have the right to request a copy

- Sometimes you might have more than 1 page
- You should complete every page before you can submit it.



333 East Glenoaks Blvd. Suite 200 Glendale, CA 91207. Tel: 818-845-2500 Fax: 818-845-3700

Thank you for choosing
EZ Staffing, Inc.