

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: -- Select --

Other Discipline(s): -- Select --
Certified Nursing Assi

*Specialties - select all that apply: Select a Discipline

*Zip Code:

*Please select your county: -- Select --

*Email Address:

*Confirm Email Address:

*How did you hear about us: -- Select --

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



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:

Middle Name:

* Last Name:

*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:

* Home Phone:

Mobile Phone:

* Email:

- Complete your registration

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:

Save and Next



MY HOME PAGE SIGN OUT

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Please sign when complete.

EMERGENCY CONTACT 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 !

* Emergency Contact Name:

* Emergency Contact Phone:

Emergency Contact Relationship:

Emergency Contact Address:

Save and Next

- **Emergency Contact Information**



Welcome, Online Tutorial
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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 !

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

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



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

- 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.

PERSONAL HISTORY INFORMATION

*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



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

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



Welcome, Online Tutorial
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Personal Information
Contact Information ✓
Emergency Contacts ✓
Work Preferences ✓
Personal History Information ✓
Education History
Add Education Record ✓
Edit dfggge
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.

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.



MY HOME PAGE SIGN OUT

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- 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 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?
-------	--------------------	----------------	----------------------------	------------------

- Enter your professional Licenses



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- Personal Information
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- 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:
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



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- 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.

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



Welcome, Online Tutorial
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Personal Information
Contact Information <input checked="" type="checkbox"/>
Emergency Contacts <input checked="" type="checkbox"/>
Work Preferences <input checked="" type="checkbox"/>
Personal History Information <input checked="" type="checkbox"/>
Education History
Add Education Record <input checked="" type="checkbox"/>
Edit dfggge
Employment History
Add Employer <input checked="" type="checkbox"/>
Edit hfgh
License and Certifications
Professional License <input checked="" type="checkbox"/>
CPR Certifications <input checked="" type="checkbox"/>
Advanced Certifications <input checked="" type="checkbox"/>
Professional References
Add Professional Reference <input type="checkbox"/>
Electronic Signature
Application Signature <input type="checkbox"/>

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.



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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.



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 Password: [Click to Change Password](#)

Email: recruiting@ezstaffing.com 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

EZSTAFFING

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.



- 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 Acknowledg
- FHR006 Employment Verification 2
- FHR010 Professional Reference 2
- FHS009 TB Questionnaire

Prev Page 1 of 1 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.



**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	Registered Nurse (RN)
Print Name	Department
Sign <input type="checkbox"/>	04/30/2015
Signature	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

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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)

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

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 |

- 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.