

Medical Staffing Partners

Check List

Please use this form as a checklist prior to forwarding your application to Medical Staffing Partners. Copies of the following items must be in your file before we can place you on an assignment.

Documents

Employment Application / Resume
 Age Specific Growth
 Skills Checklists
 Professional Reference (*Release*)
 Professional Reference (*Release*)
 (include 2)

Enclosed

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vaccinations, X-Rays and Tests

Physicians Statement
 TB/PPD Skin Test (*current within 12 months*)
OR Chest X-Ray (*current within 24 months*)
 MMR Booster **OR**:
 a. Rubella Titre
 b. Rubeola Titre
 c. Mumps Titre
 Varicella Zoster Titre (*chicken pox*)
 Hepatitis B Vaccination Form

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Documents

Copies of Certifications*
 Copies of Professional Licenses *
 Authority to Release Information
 Drug and Alcohol Policy
 Safety on the Job
 Completed W-4
 Completed I-9 (*include copies of Social Security card & passport/visat*)*
 Copy of Driver's License *
 a. Copy of Current Auto Insurance Policy
 Direct Deposit Form
 Completed OSHA Form
 Completed HIPAA Form
 Permanent Tax Home Notification

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Include front and back copies

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 651-407-0300

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 651-407-8977