



*“Caring Professionals by Your Side”*

Thank you for your interest in joining the Arkansas Medical Staffing Team! We are excited to get things processed for you as soon as possible, so you can experience an exciting adventure in healthcare. Arkansas Medical Staffing strives to employ only the most professional nursing and allied healthcare professionals an agency can provide facilities throughout our communities, cities and the state of Arkansas. And we appreciate you for helping us take care of our families and friends.

We will need the following information to continue the process of your application, so please provide everything as quickly as possible:

- Completed Application Pack
- Resume
- Copy of Drivers License
- Social Security Card
- Copy of Nursing License (Credentials)
- TB/PPD Skin Test
- Shot Record (MMR, Hep B, Varicella)
- Statement of Good Health (Physical or something from any Dr. stating you are in good health to work – can be obtained by any Urgent Care type clinics)
- Any that may apply: CPR, ACLS, PALS
- (CNA’s Only) Required by OLTC: (5) Years proof of residency in Arkansas. Ask for selection of means. –or- proof of FBI fingerprinting at the Arkansas State Police Headquarters.

All employees must come into our office located in Little Rock for competency testing, or we may be able to schedule other arrangements with you. The testing does not determine employment and is used as a level of competence in placement and to ensure AMS as being compliant with the Joint Commission, Arkansas Board of Nursing, and the Office of Long Term Care.

We are looking forward to working hard for you,

Lacie Lucas, Office Manager  
Arkansas Medical Staffing, LLC



**Arkansas Medical Staffing, LLC  
Mission Statement**

Arkansas Medical Staffing, LLC executes the will to be the compass of supplemental healthcare staffing. A strong source of improving the health of those we serve in facilities throughout our communities, city and state. By the provisions set forth in our outstanding qualified and professional medical team: We will strive in providing the highest quality, cost effective healthcare with Honesty, Integrity, Respect, Stewardship and Excellence.

Thank you for the opportunity in allowing AMS to provide you with the best customer service that Arkansas can offer from an agency. We look forward to working with you and building a strong relationship by supplying supplemental or full time assignments when you want to work. We commit to you that we will be available 24/7 including weekends and holidays. When calling AMS you will never get an answering machine, and you will have a response to your every need within minutes. We are excited to be the compass of medical staffing, and strive for excellence in customer service that you desire and deserve. We promise to take good care of you and treat you just like our own family and I'm happy to put that in writing! Welcome home, and being a part of our caring, and professional team.

Sonia Lucas-Meyer, Owner  
Arkansas Medical Staffing, LLC



**Arkansas Medical Staffing, LLC**  
**“Caring Professionals by your Side”**  
(501)-224-1010

**Notice to Applicant**  
**Please read carefully before filing this application out.**

~ An applicant will not be given consideration unless the application is filled out completely. Each applicant must provide signature and dates in the allotted spaces throughout the application.

~ It is the policy of this company to maintain a drug-free workplace. A drug screen will be given before you are hired, and randomly throughout your employment with **Arkansas Medical Staffing, LLC**. And reserves the right that if any individual who may be hired and violates this policy is subject to termination.

~ The applicant should provide all current credentials (Nursing license, valid driver’s license, TB skin test, Social Security card, and CPR) telephone numbers and address where you can be contacted.

**\*\*\*DO NOT FILL OUT THIS APPLICATION IF:** 1) You do not have a stable personal telephone number that you may be reached at all times or suitable transportation. 2) Arkansas Medical Staffing, LLC does not guarantee any certain amount of hours in any given work week. 3) All employment should be recognized to be supplemental and subjected only by facility census, and crossed matched with your availability. 4) All calls must be returned to AMS within 15 minutes of calling you for shift, we operate by first come first served basis. \*\*\*

**\*\*AMS Employment Application\*\***

**Arkansas Medical Staffing, LLC is an Equal Opportunity Employer.**

~ Applications filled out for employment with **Arkansas Medical Staffing, LLC** are accepted without regard to race/color, sex, nation origin, disability/handicap, religion, age or political affiliation.

~ Conviction of a crime does not automatically disqualify employment with **Arkansas Medical Staffing, LLC**.

~ Applicants with disabilities as defined in the **Rehabilitation Act of 1973** and the **Americans with Disabilities Act of 1990** may request any accommodations to complete the application process.

~ Applications, once filed, may be subject to disclosure as a public record under the **Arkansas Freedom of Information Act**.

~ Applications filled out do not create a contract or guarantee of employment with **Arkansas Medical Staffing, LLC**. Any applicant hired will be asked to provide proof of eligibility to work in the **United States under the Immigration Reform Act of 1986**.

**Arkansas Medical Staffing, LLC - 11701 I-30 Suite 308 Little Rock, AR 72209**



**Work History – All 3 areas of Work History Are Required regardless if medical or not.**

Please list work experience, including military service. Please start by listing your most recent employment. If you do not have enough space please use a separate sheet of paper.

**\*\*Even If you have your resume please fill out this section\*\*.**

1) \_\_\_\_\_  
**Current or Most Recent Employer**                      **Business Phone**

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**Mailing address**                      **City**                      **State**    **Zip**

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**Type of Business**                      **Supervisors Name**

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**Name under When Employed**                      **Job Title**  
**Job Duties Be Specific**

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Reason for leaving: \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Hrs. worked per week \_\_\_\_\_  
Salary \_\_\_\_\_

2) \_\_\_\_\_  
**Company Name**                      **Phone Number**

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**Mailing address**                      **City**                      **State**    **Zip**

---

**Type of Business**                      **Supervisors Name**

---

**Name under When Employed**                      **Job Title**  
**Job Duties Be Specific**

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Reason for leaving: \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Hrs. worked per week \_\_\_\_\_  
Salary \_\_\_\_\_

3) \_\_\_\_\_  
**Company Name**                      **Phone Number**

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**Mailing address**                      **City**                      **State**    **Zip**

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**Type of Business**                      **Supervisors Name**

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**Name under When Employed**                      **Job Title**  
**Job Duties Be Specific**

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Reason for leaving: \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Hrs. worked per week \_\_\_\_\_  
Salary \_\_\_\_\_

**\*(3) References Required:**

Please list 3 persons not family who have knowledge of your work knowledge and qualifications, and are not current or past employer(s), who can serve as reference.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**Additional Information**

	Yes	No
1. Has your professional license been investigated or suspended?		
2. Do you have physical limitations that prohibit your from performing the work in which you've applied?		
3. If you are not a US born Citizen can you submit verification of your legal right to work in the United States?		
4. If you will be employed on a Visa please specify what type of work Visa.		
5. Have you ever been convicted of a crime other than minor traffic violation? (DUI or DWI is not considered minor traffic violation)		
6. Have you ever been named a defendant in a professional liability action lawsuit?		
7. Arkansas Medical Staffing requires testing in your general and preferred specialty prior to employment. Are you willing to be tested in these areas?		

If you answered yes to any except #7 please provide an explanation on a separate sheet of paper.

I certify that the facts and information listed in this application are true and accurate to the best of my knowledge. I understand that if employed any information that was falsified on this application are grounds for termination. I authorize the investigation of all statements contained, and references listed to give all and any information concerning my knowledge, skills, qualifications, and any other information they may have personal or otherwise. I release all parties from all liability for any damage that may result from providing information to you. I fully understand **Arkansas Medical Staffing; LLC does not guarantee me any certain amount of hours in any given work week. All employment should be recognized to be supplemental.**

Signature\_\_\_\_\_Date\_\_\_\_\_

# Arkansas Medical Staffing, LLC

## Employment Verification

I \_\_\_\_\_ (Print Name) Voluntarily and knowingly authorize **Arkansas Medical Staffing, LLC** to contact the following employers listed in the “Company” box below to give records or information they may have concerning my present or prior employment (including character, earnings, history, and reason for termination) and any other information requested by **Arkansas Medical Staffing, LLC** to determine my eligibility for employment.

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

***Applicants Do Not Complete - For Official Use Only:***

Company: (Print current or prior employer)	Company: (Print current or prior employer)	Company: (Print current or prior employer)
Phone:	Phone:	Phone:
Position Held:	Position Held:	Position Held:
Dates of Employment:	Dates of Employment:	Dates of Employment:
Attendance:	Attendance:	Attendance:
Eligible for Re-hire:	Eligible for Re-hire:	Eligible for Re-hire:
Contact/Title	Contact/Title	Contact/Title
Info Verified by:	Info Verified by:	Info Verified by:

# Arkansas Medical Staffing, LLC

## Professional License/Certification Verification

Authorization:

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my professional licenses/certificate and the current status.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

Please fill out the following information.

Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Licenses Number \_\_\_\_\_

Licenses Status \_\_\_\_\_

Expiration Date \_\_\_\_\_

Confirmation:

The above-named individual does not have any present actions or complaints pending and is considered in good standing with.

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Other Comments \_\_\_\_\_

Verification Method used \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Title \_\_\_\_\_

Verification Method used \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Title \_\_\_\_\_

Verification Method used \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Title \_\_\_\_\_

Verification Method used \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Title \_\_\_\_\_





## Arkansas Medical Staffing, LLC Professional Profile/History

Name/Title \_\_\_\_\_

Licensure Number/State \_\_\_\_\_

**Certifications:**

CPR- \_\_\_\_\_

ACLS- \_\_\_\_\_

PALS- \_\_\_\_\_

CEN- \_\_\_\_\_

BLS- \_\_\_\_\_

TNCC- \_\_\_\_\_

Other- \_\_\_\_\_

In the appropriate box please list years or months in the following units.

Med/Surg	LTAC
ICU	CCU
MICU	SICU
NICU	PICU
PICCU	ER
NEURO	Nursery
Labor & Delivery	Psych.
LTC	Rehab
Gastro	Pediatric
Pulmonary	Allergy
Oncology	Step-Down
Urology	Orthopedics
Cath-lab	Telemetry
CTV	O.R.
Hospice	Other:
Other:	Other:

Total Amount of years/months in Nursing: \_\_\_\_\_

I certify that the above information is true to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date