



**RoyalCare Medical Staffing, Inc.** specializes in placing skilled medical personnel in healthcare facilities. We provide un-matched personalized service to provide the best opportunities to fit your lifestyle – whether it is per-diem shifts or a long/short term contract. The choice is totally yours – you are in complete control of your schedule!

The advantages of working for RoyalCare include:

- Complete flexibility and convenience in your job.
- The freedom to choose the facility where you want to work and the days and shifts that fit your schedule.
- The ability to earn more money than regular staff - plus overtime and holiday pay (time + 1/2).
- Gas reimbursement program for travel to/from scheduled shifts.
- Full insurance - we provide full workers-comp and malpractice insurance\* (many other agencies treat you as an independent contractor and do not fully protect you if an accident or lawsuit occurs).
- RN owned and locally operated – we understand the needs of today’s healthcare professionals.
- Direct Deposit (payment every Friday)
- Full Payroll Service\*\*

Our founder and owner is a registered nurse who understands the industry. Our staff understands that you have a choice in agencies – we will go above and beyond the services and benefits provided by the competition. We look forward to working with you.

**RoyalCare Medical Staffing, Inc.**  
**1600 Valley View Blvd.**  
**Altoona, PA 16602**

[www.royalcaremedicalstaffing.com](http://www.royalcaremedicalstaffing.com)  
[info@royalcarestaffing.com](mailto:info@royalcarestaffing.com)

\* Some agencies do not provide you with complete workers-comp and malpractice insurance. If you are hired as an independent contractor, this may apply to you. If you were to get sued, your personal assets may be at stake if you are not covered under your agency's policy. If you were to get hurt on the job, your agency may not compensate you for the time it takes for you to recover and/or the medical bills that may ensue from the accident. **Make sure you ask your agency to provide you with proof of their workers-comp and malpractice insurance** (general and professional liability forms). RoyalCare provides you with COMPLETE workers-comp and malpractice insurance (you are an employee, not an independent contractor)...at no extra cost to you...just one less thing you have to worry about.

\*\* Some agencies do not take out taxes from your paycheck - leaving you with the responsibility of sending quarterly payments to the federal, state, and local government. This is usually a sign that you were hired as an independent contractor. If you do not file quarterly, you may be fined. At RoyalCare, we provide full payroll service so you do not have to worry about sending quarterly payments to the government and paying late fees...that's another thing you do not have to worry about.



Dear RoyalCare Applicant,

Thank you for your inquiry into RoyalCare Medical Staffing. We really look forward to working together with you. We are extremely flexible, and work hard to get you the hours you desire, at the facilities you desire.

In order to begin the hiring process, we will need for you to complete and return the following forms:

- Application (enclosed)
- Copy of license

Once you have completed the items listed above, please return them via **fax** (814-204-0509), **mail** (1600 Valley View Blvd, Altoona, PA 16602), or **email** (info@royalcarestaffing.com). We will then review your information and consider you for a position as a RoyalCare employee.

This is the first step in the hiring process. If you have the proper qualifications, we will contact you to schedule an interview.

The application process can seem daunting at first, but all of the documents required are the same that are needed for hospital employment. We have built a good reputation for our meticulous record keeping and meeting JCAHO hiring requirements, which has allowed us to gain more hospital contracts and offer more shifts with fewer cancellations. If you have any questions please feel free to contact our office at 814-861-3100.

Sincerely,

RoyalCare Medical Staffing



## Application for Employment

Thank you for applying for a position with RoyalCare. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. The following must be filled out completely for your application to be considered.

Name: \_\_\_\_\_  
Last First Middle

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

Have you ever used another name?  Yes  No If yes, what: \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever used another Social Security Number?  Yes  No

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
(if different) Street City State Zip

### Employment Desired:

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

If hired, on what date can you start work? \_\_\_\_\_ Salary desired? \_\_\_\_\_

### References:

How did you hear about our company? \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Name	Address	Phone	Years Known
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____



**Education and Training:**

High School: \_\_\_\_\_  
School Name City/State Year Graduated

College/Vocational: \_\_\_\_\_  
School Name City/State  
Degree Earned Year Graduated

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at our Company?  Yes  No  
Explain: \_\_\_\_\_

**Employment History:**

List below all present and past employment, starting with your most recent employer

Are You Employed Now?  Yes  No May we contact your present employer?  Yes  No

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Was Termination Voluntary?  Yes  No  
Your Position and Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_  
Earnings: Starting: \_\_\_\_\_ / Ending: \_\_\_\_\_  
Exact Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Was Termination Voluntary?  Yes  No  
Your Position and Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_  
Earnings: Starting: \_\_\_\_\_ / Ending: \_\_\_\_\_  
Exact Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street City State Zip  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Was Termination Voluntary?  Yes  No  
Your Position and Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_  
Earnings: Starting: \_\_\_\_\_ / Ending: \_\_\_\_\_  
Exact Reason for Leaving: \_\_\_\_\_



**License Information**

Answer the following questions if applying for a professional position:

Are you licensed for the job applied for?  Yes  No Type of license \_\_\_\_\_  
Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_ Has your license ever  
lapsed or been revoked or suspended?  Yes  No If yes, state reason(s), date of lapse,  
revocation or suspension and date of reinstatement: \_\_\_\_\_

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo  
contendere to) a Felony or Misdemeanor? ....  Yes  No

Have you ever, under your name or another name, been convicted of a crime, which resulted  
with your being in prison and released from prison or paroled? ....  Yes  No

(Do not identify convictions for marijuana-related offenses that are more than two years old; or  
convictions for which the criminal record has been expunged, sealed or eradicated by the court;  
or, misdemeanor convictions for which any probation has been completed and the case  
dismissed by the court.)

If yes, explain each conviction fully, when, where and of what you were convicted and  
disposition of the  
case(s): \_\_\_\_\_

Are you currently under arrest, or released on bond or your own recognizance, pending trial for  
a criminal offense? .....  Yes  No

If yes, state the nature of the crime charged, and when and where trial is pending:  
\_\_\_\_\_  
\_\_\_\_\_

**The following section is for employment within the healthcare industry in California**

Please answer the following only if:

1. The position for which you are applying will provide you access to patients. Have you ever  
been arrested for a sex related crime?  Yes  No If Yes, Please Explain:

\_\_\_\_\_

2. The position for which you are applying will provide you access to drugs or medications. Have  
you ever been arrested for a drug related crime?  Yes  No Please Explain:

\_\_\_\_\_



## Employment Verification Form

I \_\_\_\_\_ (Print Name) Voluntarily and knowingly authorize RoyalCare Medical Staffing 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 RoyalCare Medical Staffing to determine my eligibility for employment. **Please complete only the first 4 lines.**

Signed: \_\_\_\_\_

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

Company: (Print current or prior employer name here)	Company: (Print prior employer name here)	Company: (Print prior employer name here)
Phone:	Phone:	Phone:
Position Held:	Position Held:	Position Held:
Dates of Employment:	Dates of Employment:	Dates of Employment:
Attendance: Good Fair Poor	Attendance: Good Fair Poor	Attendance: Good Fair Poor
Eligible for Re-hire Yes No	Eligible for Re-hire Yes No	Eligible for Re-hire Yes No
Contact /Title	Contact /Title	Contact /Title
Info Verified by:	Info Verified by:	Info Verified by:



### Availability

(Place a checkmark in the corresponding boxes to note your typical availability\*)

<b>Days</b>	<b>Shifts</b>
<input type="checkbox"/> Monday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Thursday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Friday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Saturday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a
<input type="checkbox"/> Sunday	<input type="checkbox"/> 7a-3p, <input type="checkbox"/> 7a-7p, <input type="checkbox"/> 3p-11p, <input type="checkbox"/> 7p-7a, <input type="checkbox"/> 11p-7a