MKCK HEALTHCARE & PROFESSIONAL SERVICES INC.

TRAVEL HEALTHCARE PROFESSIONALS • MEDICAL • WELLNESS SERVICES

NURSE EMPLOYMENT APPLICATION FORM

Telephone: 647-928-4589
Email: contactus@mkckhealthcare.com
Website: www.mkckhealthcare.com

CONFIDENTIAL APPLICATION

Thank you for your interest in joining **MKCK Healthcare & Professional Services Inc.**

Please complete all applicable sections of this application form. Providing an application does not guarantee employment. Employment is subject to successful completion of the recruitment, credential verification, reference checks, screening requirements, and applicable client/facility requirements.

Please attach copies of all required professional credentials and supporting documents.

SECTION 1 — POSITION APPLIED FOR

Position Applied For:

☐ Registered Nurse (RN)
☐ Registered Practical Nurse (RPN)
☐ Licensed Practical Nurse (LPN)
☐ Nurse Practitioner (NP)
☐ Other: _____

Employment Type Preferred:

☐ Full-Time
☐ Part-Time
☐ Casual
☐ Temporary
☐ Contract
☐ Travel Nursing
☐ Permanent Placement

Preferred Shift:

☐ Days
☐ Evenings
☐ Nights
☐ Rotating
☐ 12-Hour Shifts
☐ 8-Hour Shifts
☐ Other: _____

Preferred Work Location(s):

☐ Ontario
☐ Saskatchewan
☐ Alberta
☐ British Columbia
☐ Manitoba
☐ Prince Edward Island
☐ Nova Scotia
☐ New Brunswick
☐ Newfoundland & Labrador
☐ Other: _____

Willing to Travel/Relocate:

☐ Yes
☐ No
☐ Depending on assignment

SECTION 2 — PERSONAL INFORMATION

Legal First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name: _____

Pronouns (optional): _____

Date of Birth: _____

Telephone: _____

Email Address: _____

Current City/Province: _____

Postal Code: _____

Preferred Method of Contact:

☐ Telephone
☐ Email
☐ Text Message

SECTION 3 — PROFESSIONAL REGISTRATION

Nursing Designation:

☐ RN
☐ RPN
☐ LPN
☐ NP
☐ Other: _____

Province/Territory of Registration: _____

Regulatory College/Body: _____

Registration Number: _____

Registration Status:

☐ Active
☐ Provisional
☐ Temporary
☐ Other: _____

Registration Expiry Date: _____

Are you currently in good standing with your regulatory college?

☐ Yes
☐ No

If not, please explain:

_____

_____

Do you currently have any restrictions, conditions, or limitations on your nursing registration?

☐ No
☐ Yes — Please explain:

_____

_____

SECTION 4 — EDUCATION

Nursing Education

School/Institution: _____

Program: _____

Credential Obtained: _____

Graduation Date: _____

Additional Education

School/Institution: _____

Program/Credential: _____

Year Completed: _____

Additional Certifications/Education:

_____

_____

_____

SECTION 5 — CERTIFICATIONS

Please indicate your current certifications.

Certification	Yes	No	Expiry Date
BLS/CPR	☐	☐	_____
ACLS	☐	☐	_____
PALS	☐	☐	_____
NRP	☐	☐	_____
First Aid	☐	☐	_____
IV Therapy	☐	☐	_____
Medication Administration	☐	☐	_____
WHMIS	☐	☐	_____
Other	☐	☐	_____

Additional Certifications:

SECTION 6 — NURSING EXPERIENCE

Total Years of Nursing Experience: _____

Years of Canadian Nursing Experience: _____

Years of International Nursing Experience: _____

Areas of Experience

☐ Acute Care
☐ Long-Term Care
☐ Complex Continuing Care
☐ Emergency
☐ Medical/Surgical
☐ Mental Health
☐ Community Nursing
☐ Home Care
☐ Rehabilitation
☐ Palliative Care
☐ Critical Care/ICU
☐ Operating Room
☐ Maternal/Child
☐ Pediatrics
☐ Geriatrics
☐ Oncology
☐ Dialysis
☐ Public Health
☐ Other: _____

Clinical Skills

Please identify your areas of competency:

☐ Medication Administration
☐ IV Therapy
☐ Wound Care
☐ Catheterization
☐ Enteral Feeding
☐ Tracheostomy Care
☐ Central Line Care
☐ Blood Transfusion
☐ Pain Management
☐ Palliative Care
☐ Assessment & Documentation
☐ Infection Prevention & Control
☐ Other: _____

SECTION 7 — EMPLOYMENT HISTORY

Most Recent Employer

Employer/Facility: _____

Position: _____

Location: _____

Employment Start Date: _____

Employment End Date: _____

Reason for Leaving: _____

Supervisor/Manager: _____

Telephone/Email: _____

Previous Employer

Employer/Facility: _____

Position: _____

Location: _____

Employment Start Date: _____

Employment End Date: _____

Reason for Leaving: _____

Supervisor/Manager: _____

Telephone/Email: _____

Additional Employment History

Please attach a current résumé if additional space is required.

Employer: _____

Position: _____

Dates Employed: _____

Reason for Leaving: _____

SECTION 8 — AVAILABILITY

Earliest Available Start Date: _____

Preferred Hours Per Week: _____

Maximum Hours Per Week: _____

Availability

Day	Day Shift	Evening Shift	Night Shift
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

Available at weekends?

☐ Yes
☐ No
☐ Occasionally

Available for statutory holidays?

☐ Yes
☐ No
☐ Occasionally

SECTION 9 — TRAVEL NURSING INFORMATION

Are you willing to accept assignments outside your current city?

☐ Yes
☐ No

Are you willing to relocate temporarily for an assignment?

☐ Yes
☐ No
☐ Depending on assignment

Preferred Assignment Duration:

☐ Less than 4 weeks
☐ 4–8 weeks
☐ 8–12 weeks
☐ 3–6 months
☐ 6+ months

Preferred Accommodation Arrangement:

☐ Employer-arranged accommodation
☐ Accommodation allowance
☐ I will arrange my own accommodation

Willing to work in rural/remote communities?

☐ Yes
☐ No
☐ Depending on location

Preferred Provinces/Territories:

_____

_____

SECTION 10 — WORK AUTHORIZATION

Are you legally authorized to work in Canada?

☐ Yes
☐ No

Status:

☐ Canadian Citizen
☐ Permanent Resident
☐ Valid Work Permit
☐ Other: _____

Work Permit Expiry Date (if applicable): _____

Do you require employer assistance regarding work authorization?

☐ Yes
☐ No

SECTION 11 — DRIVER & TRANSPORTATION

Do you hold a valid driver's license?

☐ Yes
☐ No

License Class: _____

Province/Territory: _____

Do you have reliable transportation access?

☐ Yes
☐ No

Willing to drive as part of an assignment?

☐ Yes
☐ No

SECTION 12 — SCREENING & EMPLOYMENT REQUIREMENTS

Depending on the position, client, facility, and applicable requirements, MKCK may require successful completion of certain screening and verification processes.

Please indicate whether you are willing to complete applicable requirements:

☐ Professional registration verification
☐ Employment/reference verification
☐ Vulnerable Sector/Police Record Check, where legally required
☐ Immunization documentation, where applicable
☐ TB screening, where applicable
☐ Fit testing, where applicable
☐ Occupational health requirements
☐ Drug/alcohol testing where legally required by the assignment
☐ Client/facility orientation
☐ Other client-specific requirements

SECTION 13 — REFERENCES

Please provide at least two professional references, preferably current or recent supervisors/managers.

Reference 1

Name: _____

Position: _____

Organization: _____

Relationship to Applicant: _____

Telephone: _____

Email: _____

Reference 2

Name: _____

Position: _____

Organization: _____

Relationship with Applicant: _____

Telephone: _____

Email: _____

SECTION 14 — PROFESSIONAL DOCUMENT CHECKLIST

Please submit copies of applicable documents with your application.

☐ Current Résumé/CV
☐ Nursing Registration/License
☐ Nursing Diploma/Degree
☐ BLS/CPR Certificate
☐ ACLS Certificate, if applicable
☐ PALS Certificate, if applicable
☐ NRP Certificate, if applicable
☐ Other Certifications
☐ Government-issued identification
☐ Proof of work authorization, if applicable
☐ Driver's License, if applicable
☐ Immunization/TB documentation, if required
☐ Police/Vulnerable Sector Check, if required
☐ Other client-required documentation

SECTION 15 — APPLICANT DECLARATION & CONSENT

I certify that the information provided in this application and in any accompanying résumé or documentation is true, complete, and accurate to the best of my knowledge.

I understand that any material misrepresentation, omission, or falsification of information may result in withdrawal of an employment offer or termination of employment, subject to applicable law.

I authorize MKCK Healthcare & Professional Services Inc., where legally permitted and reasonably necessary for recruitment and employment purposes, to verify information provided in this application, including professional registration, employment history, qualifications, certifications, and professional references.

I understand that employment may be conditional upon successful completion of applicable credential verification, reference checks, screening, occupational health requirements, and client/facility requirements.

I understand that submitting this application does not constitute an offer of employment.

I agree to notify MKCK Healthcare & Professional Services Inc. of any material change affecting my professional registration, qualifications, availability, or ability to perform my assigned duties.

Applicant Name: _____

Applicant Signature: _____

Date: _____

SECTION 16 — PRIVACY ACKNOWLEDGEMENT

MKCK Healthcare & Professional Services Inc. will collect, use, and disclose personal information for legitimate recruitment, staffing, employment, credentialing, regulatory,

contractual, administrative, and client-placement purposes, as applicable and permitted by law.

Information may be shared with prospective healthcare facilities or clients when reasonably necessary for staffing and placement purposes and in accordance with applicable privacy requirements.

By signing below, I acknowledge that I have reviewed this section and consent to the collection, use, and disclosure of my personal information for the purposes described above, subject to applicable privacy legislation.

Applicant Initials: _____

Date: _____

FOR OFFICE USE ONLY

Application Received: _____

Recruiter: _____

Position: _____

Registration Verified:
☐ Yes ☐ No ☐ Pending

References Completed:
☐ Yes ☐ No ☐ Pending

Credentials Verified:
☐ Yes ☐ No ☐ Pending

Screening Completed:
☐ Yes ☐ No ☐ Pending

Interview Date: _____

Interviewed By: _____

Recommended:
☐ Yes ☐ No ☐ Further Review

Proposed Assignment: _____

Facility/Client: _____

Start Date: _____

Hourly Rate: _____

Recruitment Notes:

_____

_____

_____

_____

Committed to connecting healthcare professionals with quality opportunities across Canada.