



A Gotham Company

NAME: Last Name First Name		() TELEPHONE - Mobile
STREET APT		() TELEPHONE - Home
CITY	STATE	ZIP CODE
E - MAIL ADDRESS		SS # XXX - XX - _____

STATUS: RN LPN MSW RD NP

License # _____ Expiration Date: _____

CERTIFICATIONS:

<input type="checkbox"/> BLS	Exp. Date: _____	<input type="checkbox"/> FHM	Exp. Date: _____
<input type="checkbox"/> CCRN	Exp. Date: _____	<input type="checkbox"/> NRP	Exp. Date: _____
<input type="checkbox"/> CEN	Exp. Date: _____	<input type="checkbox"/> PALS	Exp. Date: _____
<input type="checkbox"/> Chemo	Exp. Date: _____	<input type="checkbox"/> RNC	Exp. Date: _____
<input type="checkbox"/> CNOR	Exp. Date: _____	<input type="checkbox"/> TNCC	Exp. Date: _____
<input type="checkbox"/> CNRN	Exp. Date: _____		

EDUCATION

College/Nursing School	Location	Diploma/Degree Received
Graduate School	Location	Diploma/Degree Received
Other School, If applicable	Location	Diploma/Degree Received

EMPLOYMENT PROFILE: Complete for ANY position for past 7 yrs. Explain gaps in employment

EMPLOYER	ADDRESS	CITY, STATE, ZIP		
POSITION	SPECIALTY AREAS	BEGAN	ENDED	Reason for Leaving
SUPERVISOR Name/Title	Phone #	Per Diem _____	Travel _____	Agency Name

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SUPERVISOR Name/Title	Phone #	Per Diem _____	Travel _____	Agency Name

EMPLOYER	ADDRESS	CITY, STATE, ZIP		
POSITION	SPECIALTY AREAS	BEGAN	ENDED	Reason for Leaving
SUPERVISOR Name/Title	Phone #	Per Diem _____	Travel _____	Agency Name



New York: 75 Maiden Lane, New York, NY 10038 • Phone: 212-477-3600 • Fax: 212-477-0795

Bronx: 2488 Grand Concourse, Bronx, NY 10458 • Phone: 718-733-2400 • Fax: 718-563-0503

www.gothamcompanies.com

PERSONAL DATA

EMERGENCY CONTACT

NAME	ADDRESS	PHONE NUMBER ()

Use your auto for work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Drivers license # _____
Car Insurance Carrier _____	
Car Insurance Policy Number _____	Expiration date _____

- Has your license or certification ever been under investigation? Yes No
- If YES, please explain _____
- Has your license or certification ever been revoked or under suspension? Yes No
- If YES, please explain _____
- Have you ever been named as a defendant in a professional liability action? Yes No
- If YES, please explain: _____
- Have you ever been convicted of a misdemeanor (other than a minor traffic violation) or felony in any jurisdiction?
- Are there any pending criminal charges against you? Yes No
- If YES, please explain _____
- Have there ever been findings of any kind abuse? Yes No
- A criminal record does not constitute an automatic bar to employment and will be considered only as relates to the job in question.*
- Are you either a US citizen or can you submit verification of your legal right to work in the U.S. Yes No

ADDITIONAL INFORMATION

SHIFT PREFERENCE AM PM DAYS OF THE WEEK: _____

Are you currently employed? Yes No

If YES, may we contact your employer? Yes No

Do you have one year of acute care experience in the past two years? Yes No

What is the best time to call you. _____

Date Available to work _____

Do you have experience working with Electronic Medical records? _____

How did you hear of Gotham (Please select one of the following choices):

Direct Mail Internet Magazine/Newspaper

Personal Referral Name of Referrer _____

Job Fair Name _____

In accordance with all applicable laws, directives and regulations of federal, state and city entities, Gotham does not discriminate in hiring, placement, promotion, discharge, layoff, transfer, pay, fringe benefits, job training, classification, referral or other aspects of employment on the basis of race, color, religion, national origin, sex or age,



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

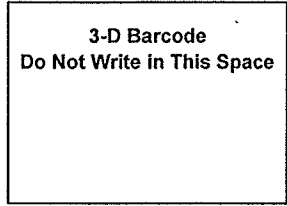
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Employee Confidentiality Statement

As a Gotham healthcare worker, I understand and acknowledge that:

I must hold confidential and private all information pertaining to patient records, client facility policies and procedures.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each facility, respectively and in accordance the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the regulations issued there under, and any applicable state law to prevent impermissible disclosure, loss or misuse and to ensure that only authorized persons have access to such protected information.

I will consult the Facility Privacy Officer in the event I have any question regarding the scope or application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally necessary to respond to the request.

Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

Employee Signature

Date

Employee Printed Name

Date



Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2015
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



ATT: _____

FACILITY _____ DATE _____

Your name has been given as a reference by the applicant named below. We place great emphasis on the thorough screening of all our applicants. Your reply will be of major importance. All information will be held in strict confidence. Please fax to (800) 541-4406.

Thank you for your prompt reply.

Applicant _____ SS# (last 4 digits only)

Position held _____ Dates employed From _____ To _____

I, _____, hereby authorize **GOTHAM PER DIEM** to request and receive from all prior employers up to ten years of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

PLEASE EVALUATE APPLICANT	POOR	GOOD	VERY GOOD	EXCELLENT
Quality of Performance				
Attendance				
Cooperation				
Accepts Supervision				
Emotional Supervision				
Personal Appearance				

1. Please indicate specialty areas in which applicant had experience _____

2. Please indicate whatever in your opinion should guide us in placing this applicant _____

3. Additional comments _____

4. Is applicant eligible for rehire? Yes No

If NO, why not? _____

5. Reason for termination _____

Signature _____ Position _____ Date _____



ATT: _____

FACILITY _____ DATE _____

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