



NURSE PREFERENCES

Date: _____

Name: _____

Contact Number(s): _____

Best time of day to call: _____

Do you prefer a contract or per diem assignment? _____

What Length of contract would you accept? _____

Shift Preference: Mornings Afternoons Midnights

Shift Presently Working: Mornings Afternoons Midnights

Day Preference M T W TH F SA Su

Do you want holiday shifts? Yes No

Can you float to other areas? Yes No If yes, which areas?

Circle one or more preferred units that you have experience in:
ICU, MICU, SICU, CCU, STEPDOWN, ER, PEDS, PICU, NICU, OB L&D,
OR, RECOVERY, MED/SURG, OCCUPATIONAL HEALTH, PSYCH, OUT
PATIENT CLINIC, LONG TERM CARE, HOMECARE DIALYSIS,
ENDOSCOPY, CATH LAB, PACU, TELE,
OTHERS: _____

Hospital/Geographical preferences: _____

States you are licensed in: _____

Can we contact you at work? _____

Can we call you for short notice shifts? (less than 4 hours) Yes No

Who referred you to World Wide Medical Staffing? _____

Please share any comments or suggestions that will better aid us in
meeting your needs: _____