

Traveler Questionnaire



Please Print or type Clearly.

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Today's Date _____

Applicant Name _____ Professional Specialties _____

Permanent Address _____ City _____ State _____ Zip _____

Current Address _____ City _____ State _____ Zip _____

Phone Numbers _____ The best time to reach me is _____

Is this your first travel assignment? Yes No

I have taken 1-2 3-4 5-6 6+ Assignments.

My geographic preferences are:

1. _____ 2. _____ 3. _____

My shift preferences are:

1. _____ 2. _____ 3. _____

I am available to begin an assignment on _____.

My main reasons for taking a travel assignment are (Rank Order 1-7): When not working, I enjoy (please write specifics):

- ___ Advance my career
- ___ Better compensation
- ___ Better benefits
- ___ New experiences
- ___ New locations/see the country
- ___ Change of lifestyle
- ___ Meet new friends

- ___ Sports _____
- ___ Recreation _____
- ___ Entertainment _____
- ___ Museums and historical sites
- ___ Educational advancement
- ___ Shopping
- ___ Other _____

My ideal compensation is _____.

The most important considerations to me in taking a travel assignment are:

I plan on traveling for _____ period of time.

Are you considering a future permanent placement? Yes No

ACCESS Nursing Services would like to thank you for taking the time to complete this questionnaire. We will utilize the information provided only to provide you with travel opportunities that meet your criteria. We look forward to finding you the **ultimate travel assignments!**