

## Traveler Health Care Interview Guidelines

To assist you in your interview process with the facility, please review the following areas which may be covered during your interview with the supervisor/hiring manager. Remember, the facility has a copy of your work history, skills checklists and applicable credentials, but you must sell yourself to this facility convincing them that you are the best traveler for the position.

Facility \_\_\_\_\_ Location \_\_\_\_\_

Interviewer's \_\_\_\_\_ Telephone \_\_\_\_\_

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### Unit

1. Number of Beds \_\_\_\_\_ Types of Patients \_\_\_\_\_
2. Nurse to Patient Ratio: Days \_\_\_\_\_ Evenings \_\_\_\_\_ NOC \_\_\_\_\_
3. Special Equipment Used \_\_\_\_\_
4. Type of Charting & Documentation \_\_\_\_\_
5. Special Procedure & Medication System \_\_\_\_\_
6. Uniforms Required?  Yes  No If Scrubs are required is there a required color?  Yes  No Color \_\_\_\_\_
7. Number of Unlicensed Staff Available \_\_\_\_\_
8. Patient Care Model \_\_\_\_\_ Primary Nursing \_\_\_\_\_ Team Nursing \_\_\_\_\_
9. Have Travelers been used in your unit before?  Yes  No How Often? \_\_\_\_\_

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### Schedule

1. Available date to start work \_\_\_\_\_ Length of assignment \_\_\_\_\_
2. Shift to be worked \_\_\_\_\_ Straight Shift \_\_\_\_\_ Rotating Shift \_\_\_\_\_  
How will it rotate? \_\_\_\_\_
3. Split shift (on 12 hour shift, will I float elsewhere for 4 hours?) \_\_\_\_\_
4. Are weekend shifts required?  Yes  No How Often? \_\_\_\_\_
5. Will I be in a "charge position" at any time?  Yes  No
6. Is overtime available or mandatory?  Yes  No
7. Policy on working holidays? \_\_\_\_\_
8. Policy on requested time off or schedule changes \_\_\_\_\_
9. Please explain Call Duty, if required \_\_\_\_\_

### Floating

1. Will floating be required?  Yes  No How often? \_\_\_\_\_
2. Will travelers float first or in rotation with permanent staff? \_\_\_\_\_
3. Will travelers be floated in similar unit?  Yes  No Which Ones? \_\_\_\_\_
4. Could I float to more than one unit per day?  Yes  No
5. What is the length of the orientation for units floated to? \_\_\_\_\_

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### First Day Information

1. Length & Specifics of orientation (hospital & Unit) \_\_\_\_\_
  2. Who will be my preceptor/resource person? \_\_\_\_\_
  3. What tests will be required? \_\_\_\_\_ Is there a study guide available?  Yes  No
  4. Where do I report? \_\_\_\_\_ What time should I report? \_\_\_\_\_
  5. Whom do I ask for? \_\_\_\_\_ Should I wear a uniform the first day?  Yes  No
  6. Is free parking available?  Yes  No If not, cost \_\_\_\_\_
  7. Comments \_\_\_\_\_
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