

**Personal Information:**

Name: Last First Middle

Address

City State Zip Code

Today's Date

Telephone Number

Social Security Number

Nursing License Number

**Employment Information:**

Position Desired \_\_\_\_\_  Part time  Full time

Shift Preference \_\_\_\_\_ Date available for work \_\_\_\_\_  
First Second Third

Do you possess a valid driver's license?  Yes  No

Do you have your own transportation?  Yes  No

Have you applied here before?  Yes  No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Details: \_\_\_\_\_

(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

**Qualifications & Experience:**

Education: \_\_\_\_\_ Did you graduate?

High School \_\_\_\_\_  Yes  No \_\_\_\_\_

College \_\_\_\_\_  Yes  No \_\_\_\_\_

Nursing School \_\_\_\_\_  Yes  No \_\_\_\_\_

Technical Thinking \_\_\_\_\_  Yes  No \_\_\_\_\_

Do you have any physical limitations that would prevent you from performing the work for which you are applying? (75 lb. weight limit)  Yes  No Explain: \_\_\_\_\_

Do you have current CPR certification?  Yes  No Expiration date: \_\_\_\_\_

Briefly describe your experience in the health care field:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work for this agency?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Employer:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Date started \_\_\_\_\_  
May we contact?  Yes  No Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

**Past Employers:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact?  Yes  No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact?  Yes  No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact?  Yes  No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**References:** *(Please do not list relatives or personal friends.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."*

Signature \_\_\_\_\_ Date \_\_\_\_\_