Application for Employment

Thank you for applying. We appreciate the time you are giving to complete this application. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. The following must be filled out completely for your application to be considered.

Date of Application: _____

Full Name: _____

Nickname: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Have you ever used another Social Security Number? ☐ Yes ☐ No

Present Address: _____

Mailing Address: _____
(If different)

Emergency Contact: _____ Phone: _____

Employment Desired:

Position applying for: _____

If hired, on what date can you start work? _____ Salary desired? _____

Are you applying for;

☐	Full-Time	☐	Part-Time	☐	Per-Diem	☐	Temporary

Days / Times Available:

☐	Monday	☐	Tuesday	☐	Wednesday	☐	Thursday	☐	Friday	☐	Saturday	☐
☐	Sunday	☐	7am-3pm	☐	3pm-11pm	☐	11pm-7am	☐	7am-7pm	☐	7pm-am	☐

References:

How did you hear about our company? _____

Education and Training

	School Name	School Address	Degree Obtained	Date Graduated
High School				
College/University				
Vocational/Business				

Employment History:

List below all present and past employment, starting with your most recent employer:

Are You Employed Now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Name of Employer: ____

Address:____

Telephone: (_____)_________________Your Supervisor's Name: ____________________

Position Held: ____

Date of Employment: From:___________________________To:___________________________

Earnings: Starting:___________________________/ Ending: ______________________________

Exact Reason for Leaving: ____

Name of Employer: ____

Address:____

Telephone: (_____)_________________Your Supervisor's Name: ____________________

Position Held: ____

Date of Employment: From:___________________________To:___________________________

Earnings: Starting:___________________________/ Ending: ______________________________

Exact Reason for Leaving: ____

Name of Employer: ____

Address:____

Telephone: (_____)_________________Your Supervisor's Name: ____________________

Position Held: ____

Date of Employment: From:___________________________To:___________________________

Earnings: Starting:___________________________/ Ending: ______________________________

Exact Reason for Leaving: ____

License Information
Answer the following questions if applying for a professional position:

Are you licensed for the job applied for? ☐ Yes ☐ No

Type of license (RN/LVN/CNA/CHHA): _____

Issuing state: _____

License/certification number: _____

Are you licensed in any other state? ☐ Yes ☐ No

If yes, which states: _____

Has your license ever lapsed, been revoked or suspended? ☐ Yes ☐ No

If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement:

_____

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a Felony or Misdemeanor? ☐ Yes ☐ No

Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? ☐ Yes ☐ No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s):

_____

_____

Authorization

I certify that all of the information provided by me on this Application is true and accurate.

Signature _____

Date: _____

Print Name: _____

Degrees, Licensure, and/or Certification

Knowledge, Skills, and Abilities

- ☐ Knowledge of scope of the registered nurse, licensed practical nurse, CHHA and CNA
- ☐ Knowledge of and appropriate application of the nursing process
- ☐ Knowledge of professional theory, practice and procedure
- ☐ Ability to assess nursing needs of acute and chronically ill patients and their families
- ☐ Able to independently seek out resources and work collaboratively
- ☐ Ability to establish and maintain effective working relationships
- ☐ Able to communicate clearly with patients, families, visitors, healthcare team, physicians, administrators and others
- ☐ Able to teach patients and families in accordance with the nursing plan of care
- ☐ Able to use sensory and cognitive functions to process and prioritize information, treatment, and follow-up
- ☐ Able to use fine motor skills
- ☐ Competent in BLS and/or other specialized life support requirements designated by work area
- ☐ Able to record activities, document assessments, plan of care, interventions, evaluation and re-evaluation of patient status
- ☐ Able to withstand prolonged standing and walking with the ability to move or lift at least fifty pounds
- ☐ Able to remain focused and organized
- ☐ Working knowledge of procedures and techniques involved in administering routine and special treatments to patients
- ☐ Working knowledge of infection control procedures and safety precautions

Work Experience Checklist

Nursing Specialty	
Adult ICU	☐ Yes ☐ No
Neuro ICU	☐ Yes ☐ No
CVICU	☐ Yes ☐ No
Dialysis	☐ Yes ☐ No
ER	☐ Yes ☐ No
Tele Med	☐ Yes ☐ No
Tele Cardiac	☐ Yes ☐ No
Med/Surg	☐ Yes ☐ No
Rehab	☐ Yes ☐ No
Psych	☐ Yes ☐ No
Burn Unit	☐ Yes ☐ No
OR	☐ Yes ☐ No
Oncology	☐ Yes ☐ No
PICU	☐ Yes ☐ No
NICU	☐ Yes ☐ No
Pediatrics	☐ Yes ☐ No
Psych Peds	☐ Yes ☐ No
OB	☐ Yes ☐ No
Nursery	☐ Yes ☐ No
L&D	☐ Yes ☐ No
Level II Nursery	☐ Yes ☐ No
Ventilators	☐ Yes ☐ No
PACU	☐ Yes ☐ No
Hospice	☐ Yes ☐ No
LTC	☐ Yes ☐ No
Private Duty	☐ Yes ☐ No
Home Health	☐ Yes ☐ No
H/H Infusion	☐ Yes ☐ No
Intermittent Skill Visit	☐ Yes ☐ No
Computer Charting	☐ Yes ☐ No
Balloon Pumps	☐ Yes ☐ No
Epidurals	☐ Yes ☐ No