EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, creed, gender, marital origin, age disability, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Pager Cell Phone Best time to call

Specialty: RN _____ LPN _____ CNA _____ Other _____

Include any other relevant education/training for the position(s):_____

Work Experience Skills – Please list –THE LAST YEAR AND # OF YEARS WORKED IN EACH AREA (**EXAMPLE** – BURN –1999/6MTH**)**

Skill	Year / # of years		Skill	Year / # of years		Skill	Year / # of years

Employment History (This information will be released to clients) Licensed Since: _____

Please circle all of the shift preference(s) that you would like to work:

Days Nights Weekdays Weekends Holidays 8 hrs 12 hrs

PRN (Picking up occasional hours but not on a weekly basis) 1-2 shifts/week 2-3 shifts/week

Full Time(36-40 hrs a week) Maximum hours per week _____

Previous Employment – Begin with most recent employer.

_____ _____ **to** _____ _____
Employer **Dates** **Type of Unit**

_____ _____ **to** _____ _____
Employer **Dates** **Type of Unit**

_____ _____ **to** _____ _____
Employer **Dates** **Type of Unit**

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