



## APPLICATION FOR EMPLOYMENT

### Personal Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

Street: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ Work Phone: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Pager: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name/Phone Number/Relationship

Position(s) applied for:  RN  CNA  PCT  Sitter  Other \_\_\_\_\_  
 RN:  Medical/Surgical  Critical Care  ER  L/D  Clinic  Cardiac Cath Lab  Other: \_\_\_\_\_

When can you start? \_\_\_\_\_ Shift Preference: \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO

If no, what is your immigration status? \_\_\_\_\_ Permanent Residence No. \_\_\_\_\_

Have you ever applied here before?  YES  NO If yes, when? \_\_\_\_\_

Were you ever employed here?  YES  NO If yes, when? \_\_\_\_\_

Were you ever a defendant in any professional malpractice litigation?  YES  NO

If yes, give details \_\_\_\_\_  
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered)

Have you ever been convicted of any law violation (except minor traffic violations)?  YES  NO

If yes, give details \_\_\_\_\_  
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered)

What prompted your application? (Please circle source)

EMPLOYEE REFERRAL      NEWSPAPER AD      FRIEND      OWN ACCORD

OTHER (Please Explain): \_\_\_\_\_

### Education

School	Name and address of school	Time attended From: To:	No. of years comp.	Did you graduate? Yes or No	List diploma, degree, or course of study and <b>year</b> received
High School					
College or School of Nursing					
Other (Specify)					

**Continuing Education**       CCRN       ACLS       CPR       PALS

Licensure (if applicable): \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

**Personal References**(excluding former employers or relatives)

Name and occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work History**(List in order, most recent or present employer first)

1) Most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Supervisor's name & title: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Date left: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Describe briefly the work you did: \_\_\_\_\_

2) Most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Supervisor's name & title: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Date left: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Describe briefly the work you did: \_\_\_\_\_

3) Most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Supervisor's name & title: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Date left: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Describe briefly the work you did: \_\_\_\_\_

**Authorization**

Notice to all applicants: Proof of citizenship or authorization for employment in the United States is required in accordance with the Immigration Reform and Control Act of 1986.

I hereby certify that the information set forth in this employment application is true and complete. I understand that if employed, falsifications or omissions on this application may result in dismissal. You are hereby authorized to make an investigation of any information contained in this application.

I understand that if an offer of employment is made, the following must be successfully completed as a condition of employment:

1.) A background check that will include: information from previous employers, whether contained in written records or not; all public/private records, including criminal, civil, driving, credit and education; and any other pertinent information relating to my ability to successfully perform the job for which I have been offered employment. 2.) Pre-employment drug screening, and 3.) Pre-employment physical. I also understand that no guarantee will be given for the number of hours of work.

This application does not imply an offer of employment. If my application is accepted, in consideration for employment, I agree to conform to the rules and regulations of the company. I also agree that my employment and compensation can be terminated at any time by either myself or the company, with or without cause. I understand that any statement or promise to the contrary will be of no effect unless in writing and signed by an officer of that company.

Upon my termination, I authorize the release of reference information to potential employers.

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

Print Name: \_\_\_\_\_