



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

Position Applied for: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a crime of cruelty to persons? YES NO Have you ever been convicted of a crime of assault of a victim sixty years or older? YES NO

Have you ever worked for this company? YES NO Have you ever been convicted of a felony? YES NO

Have you ever been subject to any decision imposing disciplinary actions by the licensing agency in any state, the District of Columbia, or the US possession or territory of the foreign jurisdiction? YES NO

If yes to any above, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Previous Employment (cont.)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

Reference checks are required on all applicants prior to employment. I understand that The Nurse Network will make inquiry of my former employers and I agree not to hold The Nurse Network liable for such inquiries regarding my experience, character, and reasons for leaving any and all past employments.

I understand that any offer of employment is contingent upon The Nurse Network's receipt of satisfactory references, satisfactory outcome of background and drug screening, and complying with any and all documentation required.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____