



RN \_\_\_\_\_ CNA \_\_\_\_\_

**Employment Application**

SSN: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Emergency: (\_\_\_\_) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Who referred you to The Nurse Agency?: \_\_\_\_\_

**Shift Preference:** (check all shifts that you would be interested in working)

**How many hours per week would you like to work?:** \_\_\_\_\_

**Days:** 8hr \_\_\_\_\_ 12hr \_\_\_\_\_ weekday \_\_\_\_\_ weekend \_\_\_\_\_

**Evenings:** weekday \_\_\_\_\_ weekend \_\_\_\_\_

**Nights:** 8hr \_\_\_\_\_ 12hr \_\_\_\_\_ weekday \_\_\_\_\_ weekend \_\_\_\_\_

Do you work double shifts? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_

Would you be willing to work holidays?: yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to float within your specialty? Yes \_\_\_\_\_ No \_\_\_\_\_

What units? \_\_\_\_\_

**Units worked in the past year:** \_\_\_\_\_

**Related Courses/Certification** (i.e., PALS, NALS, NRP, ECRN, TNCC, Balloon Pump, CVVHD, EKG, Chemo, ECMO):  
\_\_\_\_\_

**Education:**

**Name and location of schools:**

**Month/Year graduated**

High School: \_\_\_\_\_ / \_\_\_\_\_

College or University: \_\_\_\_\_ / \_\_\_\_\_

Nursing school: \_\_\_\_\_ / \_\_\_\_\_

ADN \_\_\_\_\_ Certified CNA \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ MSN \_\_\_\_\_

**Employment Experience** (most recent first, Healthcare positions only)

**Employment Dates:**

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospital: \_\_\_\_\_  
Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Specialty/Unit: \_\_\_\_\_ Type of patients: \_\_\_\_\_  
Typical RN/Patient ratio: days \_\_\_\_\_ eves \_\_\_\_\_ nocs \_\_\_\_\_  
Charge Nurse experience: yes \_\_\_\_\_ no \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospital: \_\_\_\_\_  
Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Specialty/Unit: \_\_\_\_\_ Type of patients: \_\_\_\_\_  
Typical RN/Patient ratio: days \_\_\_\_\_ eves \_\_\_\_\_ nocs \_\_\_\_\_  
Charge Nurse experience: yes \_\_\_\_\_ no \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospital: \_\_\_\_\_  
Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Specialty/Unit: \_\_\_\_\_ Type of patients: \_\_\_\_\_  
Typical RN/Patient ratio: days \_\_\_\_\_ eves \_\_\_\_\_ nocs \_\_\_\_\_  
Charge Nurse experience: yes \_\_\_\_\_ no \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Agency Employment**

Have you worked for other agencies prior to The Nurse Agency?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of agency: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospitals/Units worked: \_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospitals/Units worked: \_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospitals/Units worked: \_\_\_\_\_  
\_\_\_\_\_

**Professional References:** Please provide us with the home and work numbers of one supervisor and one co-worker that you have worked with in the past year (home and work numbers will speed your activation process).

Name: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
Manager \_\_\_\_ Co-worker \_\_\_\_ Charge nurse \_\_\_\_

Name: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Manager \_\_\_\_ Co-worker \_\_\_\_ Charge nurse \_\_\_\_

**Employment Questions:**

Has your nursing license/CNA Certification ever been suspended? yes \_\_\_\_\_  
no \_\_\_\_\_  
If yes, why? \_\_\_\_\_

Have you been terminated from a previous employer? yes \_\_\_\_ no \_\_\_\_  
If yes, why? \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor? yes \_\_\_\_  
no \_\_\_\_  
If yes, explain: \_\_\_\_\_

Is your job performance affected by any physical limitations?  
yes \_\_\_\_ no \_\_\_\_ if yes, what? \_\_\_\_\_

