



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? _____

What hospitals/clinics are you interested in staffing?

Nursing Units worked in the past year: _____

Related Courses/Certification (i.e., balloon pump, cvvh, ekg, chemo, ecmo):

Education:

Name and location of schools: _____ **Month/Year graduated**

High School: _____ / _____
College or University: _____ / _____
Nursing school: _____ / _____

ADN _____ Diploma _____ BSN _____ MSN _____ PhD _____

Employment Experience (most recent first, RN 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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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: _____

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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 ____

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Work phone: _____ Home phone: _____
Manager ____ Co-worker ____ Charge nurse ____

Employment Questions:

Has your nursing license 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? yes ____ no ____
If yes, explain: _____

Is your job performance affected by any physical limitations?
yes ____ no ____ if yes, what? _____

Have you been involved in malpractice or Illinois/Indiana Department of Professional Regulation disciplinary proceedings? yes____ no____

If yes, explain _____

Have you been asked to *not* return to a hospital or clinic through another agency? yes ____ no ____

If yes, what agency and hospital? _____

Why? _____

Application Statement

The statements made in this application are true and accurate. I understand that any falsification or omission will be the basis for disqualification of employment or termination of services. I authorize The Nurse Agency to verify the information I have provided, and to contact past employers and references concerning my ability, character and work habits. I release such persons from liability for providing such information. I authorize The Nurse Agency, as my employer, to release to their clients any information from my file (including medical information) which may be relevant to my employment. I understand that this internal information is confidential and The Nurse Agency will inform their client facilities to treat it as such. I understand that my employment is an employment at will, and may be terminated at any time without prior notice. The Nurse Agency is an equal opportunity employer*.

Signature: _____ Date: _____

***Equal Opportunity Policy**

The Nurse Agency is committed to providing equal opportunity and a work environment for its employees free from any discrimination based on **race, color, religion, sex, national origin, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military, or status as a disabled veteran or veteran of the Vietnam Era**