



APPLICATION FOR EMPLOYMENT

PROFESSIONAL NURSING SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER

Please Print

PERSONAL INFORMATION

Last Name First M.I. Date

Street Address Apartment/Unit #

City State ZIP Have you lived here more than 5 years? Yes No
(If less than 5 years fill in previous address below)

Previous address

Phone Cell Phone E-mail Address

Date Available Social Security No. Desired Salary

Position Applied for How did you hear about us/Referred by:

Are you over 18 years of age? YES NO If no, employment is subject to verification of age.

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 worked for this company? YES NO If so, when?

Have you ever been convicted of a crime other than a traffic violation? YES NO If yes, explain

Have you ever been bonded? YES NO If yes, with what employers?

Special skills, training (i.e., sign language, languages, machines etc.)

Emergency Contact: Relationship Phone

EDUCATION

High School Address

From To Did you graduate? YES NO Degree

College 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 (LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

Company

Supervisor

Address

Phone ()

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Are you eligible for rehire? YES NO

Company

Supervisor

Address

Phone ()

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

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Responsibilities

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Reason for Leaving

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REFERENCES

Please list professional references.

Supervisors Name

Title

Company

Address

Phone

Cell

Email

Supervisors Name

Title

Company

Address

Phone

Cell

Email

Supervisors Name

Title

Company

Address

Phone

Cell

Email

DISCLAIMER AND SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon Professional Nursing Service to continue to employ me in the future.

I authorize Professional Nursing Service to engage an investigative reporting agency to report on my credit and personal history. If a report is obtained, Professional Nursing Service must, at my request, provide the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that it is the policy of Professional Nursing Service that all applicants undergo certain screening prior to employment with Agency, that all employment is contingent upon the results of these tests and that if hired while awaiting results of these tests, such employment is conditional on results that are consistent with the policies of the Agency. These tests could, but are not limited to, credit reporting (for employment purposes only), criminal background checking (BCII & FBI (is applicable) and drug screening (pre-employment, random and otherwise).

Signature

Date
