



**EMPLOYMENT EXPERIENCE**

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Pay Rate Upon Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Pay Rate Upon Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Pay Rate Upon Leaving: \_\_\_\_\_

Have you ever applied with or been employed by Nurses & Company before?  Yes  No If yes, give dates and position held. \_\_\_\_\_

May we contact the employers listed above?  Yes  No If not, please note which employers whom we may not contact: \_\_\_\_\_

References: List below the names of three (3) persons, not related to you, whom you have know at least one (1) year.

	Name	Address	Phone Number	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**JOB RELATED SKILLS**

Do you have a valid Drivers License?  Yes  No State of Issue \_\_\_\_\_ Driver's License # \_\_\_\_\_

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

- Do you have any restrictions or endorsements on your driver's license?  Yes  No If so, please list \_\_\_\_\_
- Have you been convicted of or plead guilty to any traffic related offense within the past five (5) years?  Yes  No
- Have you had your driver's license suspended, revoked or had your driving privileges modified by a court of law?  Yes  No

Typing Speed WPM: \_\_\_\_\_ Are you familiar with Medical Terminology?  Yes  No  
Do you have computer experience?  Yes  No Please list software with which you have experience. \_\_\_\_\_

Describe any special study or areas of research you have completed or participated in. \_\_\_\_\_

Please list any other professional licenses, skills, certifications, or qualifications which you feel are relevant to the position applied for. Include date granted, name of organization and any other relevant information.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CERTIFICATION**

I certify that I have read the instructions and note on page one (1) of this application and that the answers given by me herein are true and complete to the best of my knowledge and belief. I understand that should I be employed, employment shall be on a probationary basis for a six (6) month period from date of hire. I further understand that upon completion of the probationary period, that my employment is for no definite period and may be terminated at any time without any previous notice. I also understand that if for any reason I am not hired that this application will be kept on file for a period of two (2) years and that I would need to reapply at that time. I hereby authorize any of my former employers or educational institutions to furnish the records of me, and I hereby release any such employer or educational institution from any and all liability for any damages in furnishing such record.

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

Please tell us how you heard about Nurses & Company. \_\_\_\_\_