



P.O. Box 203  
Lake Nebagamon, WI 54849  
Phone 888-336-7557  
Fax 715-374-2024

## CNA APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*Street County*

ADDRESS: \_\_\_\_\_  
*City State Zip*

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_

Do you have a legal right to work in the U.S.?  Yes  No

Position applying for:  CNA Other: \_\_\_\_\_

Is your license current?  Yes  No

STATE LICENSE # \_\_\_\_\_ OTHER STATE LICENSE # \_\_\_\_\_

Has your nursing license ever been revoked or suspended?  Yes  No

Have you ever been investigated or disciplined by a state board?  Yes  No

If yes, explain: \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

WILLING TO WORK:  Full Time  Part Time  Prn  Weekends  
 Days  Evenings (PMs)  Nights (NOCs)  12 Hour Shifts

CIRCLE AREAS OF SPECIALTY: Hos, NH, Other Areas: \_\_\_\_\_

### Certifications:

BLS/CPR:  Yes  No Exp Date: \_\_\_\_\_ Other: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Which facilities would you be interested in working? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## EDUCATION HISTORY

High School: \_\_\_\_\_  
*Name of School* *City/State* *Graduation Date*

College: \_\_\_\_\_  
*Name of School* *Address* *City/State/Zip*

Did You Graduate?     Yes     No    Year: \_\_\_\_\_    Degree Obtained: \_\_\_\_\_

## EMPLOYMENT HISTORY Most Recent First

Employer Name: \_\_\_\_\_    Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_    Still Employed?     Yes     No

Phone # \_\_\_\_\_    Wage: \_\_\_\_\_    Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_    May we contact?     Yes     No

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_    Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_    Still Employed?     Yes     No

Phone # \_\_\_\_\_    Wage: \_\_\_\_\_    Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_    May we contact?     Yes     No

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_    Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_    Still Employed?     Yes     No

Phone # \_\_\_\_\_    Wage: \_\_\_\_\_    Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_    May we contact?     Yes     No

Reason for Leaving: \_\_\_\_\_

## PROFESSIONAL REFERENCES (RELATIVES EXCLUDED)

	Name	Position	Company	Telephone
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

# **SPECIALTY NURSES CONSENT AND AUTHORIZATION**

Specialty Nurses. is a temporary staffing agency. Due to the fluctuations in the amount of shift coverage needed by the facilities Specialty Nurses contracts with, there is no promise or guarantee of a minimum number of hours available in any pay period, nor is there a promise or guarantee of hours available for a certain shift or day in any pay period.

In submitting this information, I affirm that the answers and information contained in the application are true, accurate, and complete to my knowledge. I understand that if any answer or information is not true, accurate, or complete, I may not be hired, or if hired, I may be terminated.

I consent to Specialty Nurses to investigate all information and answers in this application for employment, including, but no limited to: past and present employment, professional licensure, educational history, and a criminal history and background check.

I authorize all past and present employers to provide information regarding my employment, including: position held, salary/wage rate, name of supervisor, general evaluation of performance and conduct, reason for leaving employment, eligibility for rehire, and all other information pertinent to my application for employment with Specialty Nurses.

I hereby give permission for Specialty Nurses to conduct a criminal history and dependent adult abuse check with the Division of Criminal Investigation in the state in which I will be working. I also consent to drug testing, physical exam and any and all other State and Federal requirements for my employment.

I understand that this application for employment is not a contract of employment. I agree that if hired as an "at will" employee, I will abide by all policies, procedures, rules, and regulations established by Specialty Nurses, and that not following said policies, etc. could result in termination. I understand that Specialty Nurses is a temporary medical staffing agency and there is no guarantee of hours.

I am physically, mentally and morally able to carry out all the duties required for the position I am applying for. More specifically: I do not have a physical condition that has or would prevent me from taking care of the people whose care I would be responsible for. I do not have a mental condition that has or would prevent me from taking care of the people whose care I would be responsible for. I do not have a moral condition that has or would prevent me from taking care of the people whose care I would be responsible for.

I voluntarily and knowingly unconditionally release any named or unnamed informant and Specialty Nurses of any and all liability resulting from information received from or related to the application for employment. This authorization as well as a photographic, faxed or emailed copy of it shall be valid as the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_