



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

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: RN LPN Other: _____

Is your nursing 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Has your nursing license ever been revoked or suspended?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: CHRG, ER, ICU, OB, MS, NH, OR, PSY, SCU, Other: _____

Certifications:

BLS/CPR: Yes No Exp Date: _____

ACLS: Yes No Exp Date: _____

NRP: Yes No Exp Date: _____

TNCC: Yes No Exp Date: _____

PALS: Yes No Exp Date: _____

CALS: Yes No Exp Date: _____

ENPC: Yes No Exp Date: _____

STABLE: Yes No 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 not 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 _____