CRITICAL HEALTH CARE
REGISTERED NURSING SERVICES, P.C.

EMPLOYMENT APPLICATION

Please print clearly. This application must be completed and all questions regarding your training and work experience answered. All information on this application is confidential; CHCRNS will not contact your present employer without your consent.

Name: (Last)	(First)	(Middle Initial)
Other Name: (if applicable)		
Current Address:		Length of time at this address:
(Please provide prior address if current address is less than 1 year) Prior Address:		Length of time at this address:
Home Phone #:	Cell Phone #:	
Email Address:	Fax #:	
US Citizen: ☐Yes ☐No	If No, Immigration ID/Card:	
Position Applied for: ☐RN ☐Clerical ☐Administrative ☐Other:		
Salary Requested:	Date Available:	

EDUCATIONAL HISTORY-Please provide educational training to support requirements of position desired

EDUCATION/SCHOOLS ATTENDED	NAME OF SCHOOL AND ADDRESS	DID YOU GRADUATE	COURSE/MAJOR	DIPLOMA/DEGREE	YEARS COMPLETED
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
BUSINESS SCHOOL					
PROFESSIONAL SCHOOL					
OTHER					

WORK HISTORY-Please provide last 10 years of employment experience as appropriate to position desired

EMPLOYER NAME ADDRESS AND PHONE #	FROM: Mo/Yr	TO: Mo/Yr	JOB TITLE	SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
Current Employer:						
Employer:						

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REFERENCES-Please provide 3 references, 2 professional and 1 personal (non-relative) references

Professional Reference:	Address:	Phone:	Relationship:
Professional Reference:	Address:	Phone:	Relationship:
Personal Reference:	Address:	Phone:	Relationship:

Have you ever been convicted of a crime? ☐Yes ☐No If Yes, Explain:

Have you ever been bonded? ☐Yes ☐No If Yes, by Whom:

Have you ever been refused a bond? ☐Yes ☐No If Yes, by Whom:

LICENSURE-Please provide information regarding professional licensure for position desired

Professional License

Profession: License #: State: Expiration Date: ☐Verified

Professional License

Profession: License #: State: Expiration Date: ☐Verified

Other License

Profession: License #: State: Expiration Date: ☐Verified

The information listed in my application is complete and true. I understand that if employed, false statements on this application are cause for dismissal. I will comply with all of the agency's rules and regulations regarding my employment. CHCRNS may request information regarding my background which will include work and personal references.

Signature: X Date:

CRITICAL HEALTH CARE REGISTERED NURSING SERVICES, P.C. DOES NOT DISCRIMINATE DUE TO AGE, SEX, PHYSICAL HANDICAP, RACE, CREED OR NATIONAL ORIGIN. CRITICAL HEALTH CARE REGISTERED NURSING SERVICES, P.C. IS AN EQUAL OPPORTUNITY EMPLOYER.

- FOR OFFICE USE ONLY-

First Contact Date: _____

Interview Date: _____

Orientation Date: _____

Inservice Date (s): _____

Documents Received

References: ☐ #1 ☐ #2
☐Professional License
☐RN Skills Checklist
☐Drivers License
☐Social Security Card
☐Pre-employment Physical (includes TB testing or CXR)

Availability:

Comments

Application Status: ☐Hire ☐Hold ☐No Hire

Signature/Title: _____ Date: _____