

# **Employment Application**

We are an equal-opportunity employer. All candidates who are extended an offer of employment will be required to undergo an FBI and Homeland Security background check and complete a drug screen.

Position Applied for:							
Applicant Information							
Full Name:				Date:			
	Last	First		M.I.			
Address:							
	Street Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:			Email				
Date Available:		Desired Salary: <u>\$</u>					

	Yes	No	
Are you at least 18 years of age?			
Have you ever applied to work here before?			If yes, when?
Have you ever worked here before?			If yes, when?
Do you have a reliable means of transportation?			
Do you have other obligations that might cause you to miss work?			If yes, please explain.
Are you authorized to work lawfully in the United States?			
Do you have any relatives who currently work at NSMC?			If yes, who?
Did anyone refer you to this position?			If yes, who?

#### License and Registration Information for Nurses and Professional Individuals

State	License Number	Expiration Date	Туре

### Shift Availability

Check all that you are willing to work

Day	Night	Holiday	Part-Time	
Evening	Weekend	PRN	Full-Time	

## Skills and Experience

Check all that apply and enter years of experience

Experience / Skills	Years	Exp	Experience / Skills	
Supervisor Nurse			Physical Therapy Aide	
Registered Nurse			COTA	
Practical Nurse			Medical Transcript	
Certified Nurse's Aide			Medical Record Clerk	
Nurses' Aide			Medical Secretary	
Food Service			Switchboard	
Chef/Cook			Pharmacy	
Housekeeping			Purchasing	
Laundry			EEG Technician	
Laboratory Tech			O.R. Tech	
Medical Laboratory Tech			Typing	
Maintenance Mechanic		Dictation		
Engineer		Bookkeeping		
Public Relations	S		Record Filing	
Security Guard			Mailing Clerk	
EKG Technician			Billing	
Respiratory			Accounts Payable	
Radiology				
X-Ray Technician			Office Work	

		Mana
EX	perience / Skills	Years
	Cashier	
	Microsoft Word	
	Microsoft Excel	
	Microsoft Outlook	
	Microsoft PowerPoint	
	Adobe PDF	
	Electrician	
	Carpenter	
	Painter/Plasterer	
	Plumber	
	HVAC	
	General Maintenance	
	Other	

	Education	
High School:		
YES NO Did you graduate?		
College:		
YES NO Did you graduate?		
Other:		
YES NO Did you graduate?		
	Previous Employment	
Company:		Phone:
Address:		Supervisor:
City:	State: Job Title:	
Responsibilities:		

From:	То:	Reason	for Leaving:		
May we con	tact your previous supervisor for a reference?	YES			
Company:				Phone:	
Address:				Supervisor:	
City: _	State:		Job Title:		
Responsibili	ties:				
From:	То:	Reason	for Leaving:		
May we con	tact your previous supervisor for a reference?	YES	NO □		
Company: Address:					
	State:		Job Title:		
Responsibilit					
From:	To:	Reason	for Leaving:_		
May we cont	act your previous supervisor for a reference?	YES	NO		
		rences			
	three <b>professional</b> references.				
				Relationship:	
Company: Address:				Phone:	
Address.					
Full Name:				Relationship:	
Company:					
Address:					
Full Name:				Relationship:	
Company:					
Address:					

## **Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:\_\_\_\_\_