

Other _____ Expiration Date: _____

- 1. Are you allergic to Latex? Yes No
- 2. Other Languages Spoken: _____ Fluent: Yes No
- 3. Professional license or certification has been investigated or suspended? Yes No
If yes, please attach a separate explanation
- 4. Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please attach a separate explanation
- 5. Have you ever been named as a defendant in a professional liability action? Yes No
- 6. Verification of legal right to work in the U.S. can be submitted? Yes No

PREVIOUS EMPLOYMENT

Please use black or blue ink only and print clearly. List most recent employer first.

Hospital: _____ Dates Employed: From _____ To _____
City/State: _____ Supervisor: _____
Phone: _____ Position Held/Specialty: _____
Reason for Leaving: _____ Number of Beds in Unit _____ In Hospital: _____
Average Patient Ratio: _____ Trauma Hospital: Level 1 Level 2 Level 3
Was this a Travel Assignment? Yes No Teaching Hospital: Yes No
With which agency? _____ Charge Experience: Yes No
Hourly Pay Rate: _____

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City/State: _____ Supervisor: _____
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 Hourly Pay Rate: _____

Person to notify in case of emergency: _____
 Name Relationship

Street Address City State Zip Phone

I hereby certify the information provided in this application is true, correct, and complete to the best of my knowledge. I understand if my answers are untrue or misleading, Nightingale Nurses, LLC has the right to terminate my employment immediately. I authorize Nightingale Nurses, LLC to obtain a criminal background check, drug screen, health/medical documents and to verify the information I have provided and other relevant information needed to make an employment decision. I authorize Nightingale Nurses, LLC to contact past employers and references concerning my ability, character, and employment record. I authorize Nightingale Nurses, LLC, as my employer, to release any information contained in this application or discovered by the company which may be relevant to my employment to their client facilities. I release Nightingale Nurses, LLC from all liability for any damages from disclosure of this information. I understand that nothing contained in this employment application is intended to lead or create an employment contract between Nightingale Nurses, LLC and myself which would in any way restrict the right of the company to terminate my employment at will. I agree to provide documentation showing that I am authorized to work in the United States as a condition of my employment.

Applicant's Signature _____ Date _____