



## ROYAL NURSES, INC.

2014 Burnside Drive ♦ Frederick, MD 21702

Office: (202) 528-7760 ♦ Facsimile: (301) 698-1039

Email: [Brenda@royalnurses.com](mailto:Brenda@royalnurses.com)

Website: [www.royalnurses.com](http://www.royalnurses.com)

### APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, color, creed, sex, age, national origin, handicap or veteran status.

## PERSONAL INFORMATION

Today's Date:		
Last Name:	First Name:	MI:
Street Address:		
City, State, & Zip Code:		
Home Tel.:	Business Phone:	
Social Security Number:	Expected Salary:	
Position Desired:	Available to Start:	
Will you work overtime, if asked? (circle your response) :    YES                      NO		
Have you ever applied for employment with us? (circle your response):    YES                      NO		

If yes: Month \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

**Apart from religious observance, are you available for full-time work? YES NO**

**If not, what hours/day can't you work?**

\_\_\_\_\_

**Are you legally eligible for employment in the United States? YES NO**

**Can you provide documentation of your eligibility? YES NO**

**Other special training or skills (languages, machine operation, etc.):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EDUCATION

**Membership in Professional, or Civic Organizations**  
(exclude those which may disclose your race, color, religion, or national origin):

\_\_\_\_\_

\_\_\_\_\_

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**Publications or Research Contributions:**

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY<sup>1</sup>

(start with present company first)

Company Name: _____	
Address: _____	
Supervisor's Name: _____	
Phone No.: _____	Employed From _____ to _____
Salary Information: _____ per year or _____ per hour or per week	
Starting Salary: _____	Ending Salary: _____
Position Title: _____	
Brief Job Description: _____	
_____	
_____	
_____	
_____	
Reason for Leaving: _____	
*****	

## EMPLOYMENT HISTORY (continued)

Company Name: _____	
Address: _____	
Supervisor's Name: _____	
Phone No.: _____	Employed From _____ to _____

<sup>1</sup> Please give accurate, complete full-time and part-time employment.

Salary Information: \_\_\_\_\_ per year or \_\_\_\_\_ per hour or per week

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**EMPLOYMENT HISTORY (continued)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Salary Information: \_\_\_\_\_ per year or \_\_\_\_\_ per hour or per week

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**EMPLOYMENT HISTORY (continued)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Salary Information: \_\_\_\_\_ per year or \_\_\_\_\_ per hour or per week

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position Title: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer Name(s): \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

The information provided in this APPLICATION FOR EMPLOYMENT is true, correct, accurate, and complete, to the best of my knowledge. If employed, any misstatements or omission of fact on this Application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If **ROYAL NURSES, INC.** decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained, **ROYAL NURSES, INC.** will provide, at my request, the name of the Agency so that I may obtain from them the nature and substance of the information in the report.

**Agreed:**

**Your Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

All information contained in this application will be kept confidential and on file for two (2) years. Please submit your resume along with your application.