

# Nurse Practitioners of the Valley

## Employment Application

### Personal Data:

Name \_\_\_\_\_

Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Job Interest:

Position Applied For \_\_\_\_\_

Indicate Availability To Work: Full Time/Part Time/Days/Evenings

Available To Start \_\_\_\_\_

Referral Source \_\_\_\_\_

Have you ever been employed by us before: Yes/No

Are you legally permitted to work in this country: Yes/No

Are you above the minimum working age of \_\_\_\_\_: Yes/No

Have you ever been convicted of a felony: Yes/No

If yes please explain \_\_\_\_\_

**A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.**

**Please indicate availability to work:**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>AM / PM</b>	<b>AM / PM</b>	<b>AM / PM</b>	<b>AM / PM</b>	<b>AM / PM</b>	<b>AM / PM</b>	<b>AM / PM</b>

**Education:**

<b>Type</b>	<b>Name and Location</b>	<b>Courses Taken</b>	<b>Graduated</b> <b>Yes/No/Enrolled</b>
<b>High School</b>			
<b>College</b>			
<b>University</b>			
<b>Business, Trade, Technical</b>			
<b>Other</b>			

## Employment History:

(List previous employers beginning with most recent)

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

Business Type \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Position \_\_\_\_\_

Full Time/Part Time/Temporary

Employment Dates (mm/yy): From \_\_\_ \_\_\_ / \_\_\_ \_\_\_ To \_\_\_ \_\_\_ / \_\_\_ \_\_\_

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

Reason for Leaving: \_\_\_\_\_ May we contact: Yes/No

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

Business Type \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Position \_\_\_\_\_

Full Time/Part Time/Temporary

Employment Dates (mm/yy): From \_\_\_ \_\_\_ / \_\_\_ \_\_\_ To \_\_\_ \_\_\_ / \_\_\_ \_\_\_

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

Reason for Leaving: \_\_\_\_\_ May we contact: Yes/No

**Company Name** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Supervisor Title** \_\_\_\_\_

**Position** \_\_\_\_\_

**Full Time/Part Time/Temporary**

**Employment Dates (mm/yy):**From \_\_ \_\_ / \_\_ \_\_ **To** \_\_ \_\_ / \_\_ \_\_

**Ending Salary:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **May we contact: Yes/No**

**Company Name** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Supervisor Title** \_\_\_\_\_

**Position** \_\_\_\_\_

**Full Time/Part Time/Temporary**

**Employment Dates (mm/yy):**From \_\_ \_\_ / \_\_ \_\_ **To** \_\_ \_\_ / \_\_ \_\_

**Ending Salary:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **May we contact: Yes/No**

## Professional References:

(Please list three professional references below)

Name	Company and Title	Business Telephone	Home Telephone

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicants Signature: \_\_\_\_\_

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

Please return the application via:

Email: <mailto:mbgranitz@gmail.com>

Mail: Nurse Practitioners of the Valley

3910 Adler Place, Suite 135, Bethlehem, PA 18017

Thank you for applying!