



Please submit the following along with your completed application.

- Legible copy of your Driver's License or State ID.
- Social Security Card
- Copy of TB/PPD or chest X-ray
- Physical (if applicable)
- CPR card
- Copy Registration/License/Certification or number

Job Application

Applicant Information

First Name _____

Last Name _____

Email _____

Mobile Phone Number _____

Home Phone Number _____

Address _____

City _____

State _____

Zip Code _____

License Information

Professional License (Yes/No) _____

Professional License State _____

Professional License Expiration _____

ACLS (Yes/No) _____

ACLS License Expiration _____

Other License? _____

Specialty Nurse (Yes/No, Explain) _____

Emergency Contact

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Contact Relationship _____



Past Employment/References

First Reference Name _____

First Reference Relationship _____

First Reference Phone _____

Second Reference Name _____

Second Reference Relationship _____

Second Reference Phone _____

Previous Employment Company Name _____

Previous Employment Supervisor Name _____

Previous Employment Phone Number _____

Previous Employment Company Start Date _____

Previous Employment Company End Date _____

May we contact this employer? (Yes/No) _____

Previous Employment Company Name _____

Previous Employment Supervisor Name _____

Previous Employment Phone Number _____

Previous Employment Company Start Date _____

Previous Employment Company End Date _____

May we contact this employer? (Yes/No) _____



Education

School Name _____

School Location _____

School Degree or Level _____

School Graduation/Certificate Year _____

School Name _____

School Location _____

School Degree or Level _____

School Graduation/Certificate Year _____

School Name _____

School Location _____

School Degree or Level _____

School Graduation/Certificate Year _____

Thank you for your interest in joining the Legacy Healthcare Staffing family. We look forward to partnering with you.

