



PJV Nursing Consultants LLC
EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a nonjobrelated medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

() Full Time () Part-Time Referral Source _____

Name: _____ D.O.B.: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

Are you a U.S. citizen? () Yes () No If no, what is your citizenship/residency status: _____

Have you ever been convicted of or charged with a felony or misdemeanor: () Yes () No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

EDUCATION:

Schools/Colleges Attended:	Year Grad	Degree
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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RN or LPN License

Number and Expiration Date: _____

State Issued _____

Have there been any disciplinary issues against your license or have you had any abuse or neglect charges filed against you?

No _____ Yes _____ Explain Yes

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

PROFESSIONAL REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 professional references.

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize PJW Nursing Consultants LLC to investigate any statement contained in this application, check to validate nursing license and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required

to abide by all rules, regulations and policies of PJW Nursing
Consultants LLC

Signed: _____ Date: _____