



**P JW 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: \_\_\_\_\_

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:

Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

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**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:

\_\_\_\_\_

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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:

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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: \_\_\_\_\_