DIMENSIONAL BEHAVIORAL HEALTH SERVICES, INC.



3600 Jackson Street, Suite 111B, Alexandria, LA 71303 (318)483-4155/4156 (MAIN) / (318)483-4157 (FAX) Website: www.DBHSInc.com

Employment Application – Position: Registered Nurse (RN)

Requirements: 23+ years old / Nursing Diploma / Bachelors Degree (BSN) is a PLUS / 4+ years of employment in Health Care / Currently registered with the applicable Louisiana State Board of Nursing / No negative markings on record / Successful Background Check. Email completed application and most current resume to: info@dbhsinc.com

Applicant Information								
Full Name:						Date:		
	Last	First			М.І.			
Address:	Street Address					Apartment/Unit #		
						·		
	City				State	ZIP Code		
Phone:			Email					
Date Available: Social Security No.:				Desired Salary:				
Position Applied for: Registered Nurse (RN)								
Are you a citizen of the United States?								
YES NO Have you ever worked for this company? □ □ □								
YES NO Have you ever been convicted of a felony?								
lf yes, expla	in:							
Education								
High Schoo	I:	Address						
From:	То:	Did you graduate?	YES	NO □	Diploma::			
College:		Address						
From:	То:	Did you graduate?	YES	NO □	Degree:			
Other:		Address	:					
From:	To:	Did you graduate?	YES	NO □	Degree:			

References

Please list t	hree professional references.	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
	Previous Employment	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibili	ties:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibili	ties:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:

Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?	YES							
Military Service								
Branch:		From:	То:					
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that	t false or m	isleading informa	tion in my application or					

interview may result in my release.

Signature:

Date:_____