

PROSPECTIVE EMPLOYEE: Please fill out the top portion of this form; sign your name and date.

Applicant's Name: _____
Last Name First Name

Referred by: _____ Recruited by: _____

RN LPN # of years _____
Today's Date Available Start Date

_____ Address/City/Zip Code Phone Number Cell Phone

Yes No
 Currently Working? _____ Date of Birth _____
 How Many Miles Will You Travel? _____ Areas You Willing to Travel to _____

Shifts Available (circle)	Days Available	Preferences	✓
7am-3pm	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> S <input type="checkbox"/>	Peds	
7am-7pm	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> S <input type="checkbox"/>	Adults	
3pm-11pm	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> S <input type="checkbox"/>	Vent	
7pm-7am	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> S <input type="checkbox"/>	Non-Vent	
11pm-7am	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> S <input type="checkbox"/>		
Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No # Hours: _____		Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No # Hours: _____		Other: _____	

I understand that I may be called upon to work any of the hours during which I have agreed to be available. _____

Signature

Date

FOR OFFICE USE ONLY:

Comments/Possible Cases: _____

Interviewed by

Date

Gave copy to

Date