

# Nurse Application Form California

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Information:

- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_

License Information:

- License Number: \_\_\_\_\_
- California Board Registration:  Yes  No
- Expiration Date: \_\_\_\_\_

Education:

Institution Name	Degree/Certificate	Major	Year of Graduation

California Work Experience:

Job Title	Facility Name	Dates Employed	Key Responsibilities

Special Skills (Check All That Apply):

- IV Administration
- Patient Documentation
- Bilingual Skills (Specify Language): \_\_\_\_\_
- Emergency Response

**Professional References:**

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

**Declaration and Signature:**

I hereby declare that all information provided is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_