

EMPLOYMENT PROFILE

Applicant's Name: _____

Please indicate all of your post-graduate employment for the past ten (10) years, beginning with your most recent employer. Please list each agency or institution in which you have worked. If you were employed by a specific patient, this information should be documented. Supervisors are defined as persons having knowledge of your performance at each location.

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Since graduation from Nursing School, have you had any lapse(s) in employment of 60 days or greater? Yes No
If "Yes", please give details: _____

Agency/Institution/Employer: _____ Unit/Floor/Dept.: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From: _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Supervisor's Phone: _____
Other Supervisor Name: _____ Phone: _____
Teaching Hospital? Yes No Patient Ratio: _____ Number of Beds in Unit: _____ Number of Beds in Facility: _____

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Please document reasons for periods you were not employed.

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. I hereby authorize the Company to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such terminations, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions and to appropriate governmental or licensing entities. The Company may also share applicant information with its affiliates. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company.

Signature: _____ Date: _____

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