

**PROFESSIONAL
NURSING
SERVICE**

EMPLOYMENT APPLICATION

Please Print Clearly and Use Black Ink Only

Name _____
 Last First Middle initial

Current address _____
 Street address City State Zip code

Home phone _____ Work phone _____
 At this location until _____

Permanent address _____
 Street address City State Zip code

Phone _____ Emergency Phone _____ Email address _____
 Best time/day to reach you Relationship

Professional discipline _____

Social Security number _____ Drivers License state / number _____

How did you learn about PNS? _____ Date available to travel _____

Referred by: _____ Email address _____

Education	Name and Location of School	Date Graduated	Degree/Credentials Earned
Basic Nursing Education	_____	_____	_____
	_____	_____	_____
Graduate Nursing Education	_____	_____	_____
	_____	_____	_____
Certificate Program/Other	_____	_____	_____
	_____	_____	_____

PROFESSIONAL CREDENTIALS

NURSING EXPERIENCE / SPECIALTY AREAS (most current first)

1. _____ Years Experience _____ 3. _____ Years Experience _____
 2. _____ Years Experience _____ 4. _____ Years Experience _____

PLEASE INDICATE WHICH OF THE FOLLOWING RESUSCITATION CREDENTIALS YOU CURRENTLY HOLD
 (Please attach appropriate copies. Use paper clip only. Do not staple form.)

BCLS Expiration Date _____ PALS Expiration Date _____
 ACLS Expiration Date _____ NRP Expiration Date _____
 Other _____

PLEASE INDICATE ANY NATIONAL CERTIFICATIONS YOU PRESENTLY HOLD (eg. CCRN, CNOR)
 (Please attach appropriate copies. Use paper clip only. Do not staple form)

1. _____ Expiration Date _____ 3. _____ Expiration Date _____
 2. _____ Expiration Date _____ 4. _____ Expiration Date _____

Continuing Education:
 1. _____ 3. _____
 2. _____ 4. _____

Memberships in Professional Organizations _____
 List any additional education, skills, experience, and/or resume/CV or other relevant qualifications on a separate sheet and attach to application.

LICENSURE (Submit all licenses currently held, as well as state of original license if not currently held. Include photocopies of all licenses held)

State: _____ (Original) State: _____ State: _____ State: _____
 Expiration Date: _____ Expiration Date: _____ Expiration Date: _____ Expiration Date: _____

EMPLOYMENT PROFILE

Applicant's name: _____

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer.

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

Facility / Employer_____	Dept._____
Street address_____	City_____ State_____ Zip Code_____
Dates employed: From_____ To_____	Reason for leaving_____
Position held_____	Specialty_____
Supervisor's name and title_____	Phone_____
Others supervisor?_____	Phone_____
Travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local staffing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Facility / Employer_____	Dept._____
Street address_____	City_____ State_____ Zip Code_____
Dates employed: From_____ To_____	Reason for leaving_____
Position held_____	Specialty_____
Supervisor's name and title_____	Phone_____
Others supervisor?_____	Phone_____
Travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local staffing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Facility / Employer_____	Dept._____
Street address_____	City_____ State_____ Zip Code_____
Dates employed: From_____ To_____	Reason for leaving_____
Position held_____	Specialty_____
Supervisor's name and title_____	Phone_____
Others supervisor?_____	Phone_____
Travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local staffing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Facility / Employer_____	Dept._____
Street address_____	City_____ State_____ Zip Code_____
Dates employed: From_____ To_____	Reason for leaving_____
Position held_____	Specialty_____
Supervisor's name and title_____	Phone_____
Others supervisor?_____	Phone_____
Travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local staffing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other names under which you have been employed_____

Please document reasons for periods you were not employed.

The information provided in the application for participation in the PNS travel program is true, correct and complete. I acknowledge that any misstatement or omission of fact on the application may result in my disqualification from participation in the PNS program. I authorize PNS to release this application and reference information to PNS Client institutions, only after receiving my express written or verbal consent for each assignment opportunity. I understand that giving PNS permission to submit my application for assignment opportunities, I am also agreeing to any criminal background search that may be required by certain states or Client institutions.

Signature_____ Date_____

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