

PROFESSIONAL QUALIFICATIONS

Registered Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Licensed Practical Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Other _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Professional (not social or civic) organizations to which you belong:

WORK EXPERIENCE (List in order – current or last employer first)

Employer _____ Phone () _____
Address _____
Name of immediate supervisor _____
Date started _____ Date left _____ Salary _____
Description of work responsibilities _____
Reason for leaving _____

Employer _____ Phone () _____
Address _____
Name of immediate supervisor _____
Date started _____ Date left _____ Salary _____
Description of work responsibilities _____
Reason for leaving _____

Employer _____ Phone () _____
Address _____
Name of immediate supervisor _____
Date started _____ Date left _____ Salary _____
Description of work responsibilities _____
Reason for leaving _____

PROFESSIONAL REFERENCES

Name _____, Title _____
Phone _____
Organization _____

Name _____, Title _____
Phone _____
Organization _____

Name _____, Title _____
Phone _____
Organization _____

PLEASE READ CAREFULLY

I understand that the employer follows an employment-at-will policy in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Date

Signature of Applicant

Once completed, please fax to (919) 786-6043.