



## EMPLOYMENT APPLICATION

*Please Print Clearly and Use Black Ink Only*

Today's Date (DD/MM/YY) \_\_\_\_\_ Date Available for Work (DD/MM/YY) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Address #2 (If you possess a PO Box for your main address, please provide another non-PO Box address)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Current Phone Number \_\_\_\_\_ Permanent Phone Number \_\_\_\_\_

Other Phone Number (Cellular, Pager, etc.): Type \_\_\_\_\_ # \_\_\_\_\_

Permanent Address (If different from current address) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date (DD/MM/YY) \_\_\_\_\_

Are you a Canadian citizen?  Yes  No

Emergency Contact (not living with you) \_\_\_\_\_ Phone \_\_\_\_\_

**Type of Qualification:**  RN  Other (please specify) \_\_\_\_\_

**Shift Preference:** Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Have you spoken to a Nurses in Partnership, Inc. Recruiter?  Yes  No Name: \_\_\_\_\_  
(If you have spoken to a recruiter, please be sure to place their name above.)

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information, and that falsification could be cause for dismissal. Further, Nurses in Partnership, Inc. or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage.

Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

**Please fax your completed application to: [888] 879-9719**

**OR mail it to our Head Office: 28118 Agoura Road, Suite 100, Agoura Hills, CA 91301 USA**

## EDUCATION

Name and Location of School(s)	Graduated (Date)	Type of Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LICENSURE

*(Please list all including expired)*

Professional License / Technical Certificate	Province/State	Expiry Date (DD/MM/YY)

Which of these licenses is your original provincial license? \_\_\_\_\_

Has your license or certification ever been under investigation?  Yes  No

If YES, please explain \_\_\_\_\_

Has your license or certification ever been revoked or under suspension?  Yes  No

If YES, please explain \_\_\_\_\_

## PROFESSIONAL CERTIFICATIONS

*(Please list all certifications. Ex., CCRN, CNOR, OCN, CRRN, CEN)*

Type _____	Exp. Date _____
Type _____	Exp. Date _____
Type _____	Exp. Date _____
Type _____	Exp. Date _____

## RESUSCITATION CREDENTIALS

Please indicate your resuscitation credential(s) by placing the expiration date next to the appropriate credential in the table below.

Resuscitation Credential	Expiration Date	Resuscitation Credential	Expiration Date
ACLS		NRP	
BCLS		PALS	
ENPC		TNCC	

## PROFESSIONAL EDUCATION

Course Name	Date	CEU's Earned
_____	_____	_____
_____	_____	_____

**Please fax your completed application to: [888] 879-9719**

**OR mail it to our Head Office: 28118 Agoura Road, Suite 100, Agoura Hills, CA 91301 USA**

## Previous Employment

**Please Complete This Section COMPLETELY even if you are attaching your resume.** Please List the most recent employer first and please print clearly.

Name: \_\_\_\_\_

Are you employed now?  Yes  No      May we contact your present employer?  Yes  No  
May we contact your previous employer?  Yes  No

Please complete all information for each hospital. If any of the employers listed below are day agencies, please provide the name of the agency as well as the name of the hospital where you provided per diem care (i.e., list each hospital you worked at separately and include the agency name as well).

Hospital _____	City/Province/Postal Code _____
Phone _____	Immediate Supervisor _____
Position Held _____	Date Employed: From _____ to _____
Specialty _____	Reason for Leaving _____
Number of Beds: in Unit _____ in Hospital _____	Average Patient Ratio _____
Type of Nursing <input type="checkbox"/> Primary <input type="checkbox"/> Team <input type="checkbox"/> Modified Primary	Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
<input type="checkbox"/> Modified Team <input type="checkbox"/> Other _____	Hourly Salary _____

Hospital _____	City/Province/Postal Code _____
Phone _____	Immediate Supervisor _____
Position Held _____	Date Employed: From _____ to _____
Specialty _____	Reason for Leaving _____
Number of Beds: in Unit _____ in Hospital _____	Average Patient Ratio _____
Type of Nursing <input type="checkbox"/> Primary <input type="checkbox"/> Team <input type="checkbox"/> Modified Primary	Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
<input type="checkbox"/> Modified Team <input type="checkbox"/> Other _____	Hourly Salary _____

Hospital _____	City/Province/Postal Code _____
Phone _____	Immediate Supervisor _____
Position Held _____	Date Employed: From _____ to _____
Specialty _____	Reason for Leaving _____
Number of Beds: in Unit _____ in Hospital _____	Average Patient Ratio _____
Type of Nursing <input type="checkbox"/> Primary <input type="checkbox"/> Team <input type="checkbox"/> Modified Primary	Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
<input type="checkbox"/> Modified Team <input type="checkbox"/> Other _____	Hourly Salary _____

Hospital _____	City/Province/Postal Code _____
Phone _____	Immediate Supervisor _____
Position Held _____	Date Employed: From _____ to _____
Specialty _____	Reason for Leaving _____
Number of Beds: in Unit _____ in Hospital _____	Average Patient Ratio _____
Type of Nursing <input type="checkbox"/> Primary <input type="checkbox"/> Team <input type="checkbox"/> Modified Primary	Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
<input type="checkbox"/> Modified Team <input type="checkbox"/> Other _____	Hourly Salary _____

**Please fax your completed application to: [888] 879-9719**

**OR mail it to our Head Office: 28118 Agoura Road, Suite 100, Agoura Hills, CA 91301 USA**

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_  
Position Held \_\_\_\_\_  
Specialty \_\_\_\_\_  
Number of Beds: in Unit \_\_\_\_\_ in Hospital \_\_\_\_\_  
Type of Nursing  Primary  Team  Modified Primary  
 Modified Team  Other \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Average Patient Ratio \_\_\_\_\_  
Charge Experience?  Yes  No How often? \_\_\_\_\_  
Hourly Salary \_\_\_\_\_

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_  
Position Held \_\_\_\_\_  
Specialty \_\_\_\_\_  
Number of Beds: in Unit \_\_\_\_\_ in Hospital \_\_\_\_\_  
Type of Nursing  Primary  Team  Modified Primary  
 Modified Team  Other \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Average Patient Ratio \_\_\_\_\_  
Charge Experience?  Yes  No How often? \_\_\_\_\_  
Hourly Salary \_\_\_\_\_

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_  
Position Held \_\_\_\_\_  
Specialty \_\_\_\_\_  
Number of Beds: in Unit \_\_\_\_\_ in Hospital \_\_\_\_\_  
Type of Nursing  Primary  Team  Modified Primary  
 Modified Team  Other \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Average Patient Ratio \_\_\_\_\_  
Charge Experience?  Yes  No How often? \_\_\_\_\_  
Hourly Salary \_\_\_\_\_

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_  
Position Held \_\_\_\_\_  
Specialty \_\_\_\_\_  
Number of Beds: in Unit \_\_\_\_\_ in Hospital \_\_\_\_\_  
Type of Nursing  Primary  Team  Modified Primary  
 Modified Team  Other \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Average Patient Ratio \_\_\_\_\_  
Charge Experience?  Yes  No How often? \_\_\_\_\_  
Hourly Salary \_\_\_\_\_

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_  
Position Held \_\_\_\_\_  
Specialty \_\_\_\_\_  
Number of Beds: in Unit \_\_\_\_\_ in Hospital \_\_\_\_\_  
Type of Nursing  Primary  Team  Modified Primary  
 Modified Team  Other \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Average Patient Ratio \_\_\_\_\_  
Charge Experience?  Yes  No How often? \_\_\_\_\_  
Hourly Salary \_\_\_\_\_