

Nurse Sharks, Inc.
Continental Health Equipment

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address State ZIP Professional license number and State

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: ()
Address: _____ Supervisor:
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$
Responsibilities:
From: _____ To: _____ Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()
Address: _____ Supervisor:
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$
Responsibilities:
From: _____ To: _____ Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()
Address: _____ Supervisor:
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$
Responsibilities:
From: _____ To: _____ Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*For clinical applicants, please attach a resume or curriculum vitae to the application for employment, include professional license numbers on page 1 of this application, may attach additional sheets for multiple licenses.