



**Conviction(s) of a crime does not automatically bar employment. Factors such as age at time of offense, sentenced time and rehabilitation will be taken into account in determining effect on suitability for employment.**

Have you ever committed, been convicted of, plead guilty to, or plead *nolo contendere* to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you ever committed, been convicted of, plead guilty to, or plead *nolo contendere* to any offense involving sexual molestation, sexual abuse, or rape, including a deferred sentence in Virginia or outside of the jurisdiction of Virginia?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you currently involved in any pending charges, pleadings of guilt or *nolo contendere* to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you currently involved in or recovering from any form of drug or alcohol abuse?  Yes  No

If Yes, please describe: \_\_\_\_\_

Have you ever had your nursing license or certification revoked, suspended, or have had any disciplinary actions against you /your license?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you involved in any pending or future malpractice claims?  Yes  No

If Yes, please explain: \_\_\_\_\_

Do you have a current and unrestricted driver's license?  Yes  No

Has your driver's license ever been suspended, revoked or placed on probation?  Yes  No

If Yes, please explain: \_\_\_\_\_

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**EDUCATION**

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Course/Subject</u>	<u>Last Level Completed</u>	<u>Graduated/Degree</u>
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High School

College/Graduate School

Business School or Technical School

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**OTHER QUALIFICATIONS**

Typing (WPM)  Shorthand (WPM)  Word Processing (WPM)  Numeric/10-Key Adding Machine

Other (please specify) \_\_\_\_\_

Are there any other experience, skills or qualifications which you feel would especially fit you for work with a hospital?

Yes  No If Yes, please specify: \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

**EMPLOYMENT HISTORY**

\_\_\_\_\_  
Current or Last Employer                      Area Code and Telephone Number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Address              City    State    Zip Code

\_\_\_\_\_  
Position Held                      Starting Salary                      Ending Salary                      \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Nature of Duties (explain fully): \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your **current** employer for a reference? \_\_\_\_ Yes \_\_\_\_ No

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\_\_\_\_\_  
Previous Employer                      Area Code and Telephone Number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Address              City    State    Zip Code

\_\_\_\_\_  
Position Held                      Starting Salary                      Ending Salary                      \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Nature of Duties (explain fully): \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_ Yes \_\_\_\_ No

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\_\_\_\_\_  
Previous Employer                      Area Code and Telephone Number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Address              City    State    Zip Code

\_\_\_\_\_  
Position Held                      Starting Salary                      Ending Salary                      \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Nature of Duties (explain fully): \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_ Yes \_\_\_\_ No

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**PERSONAL REFERENCES (non-family member)**

<u>Name</u>	<u>Address</u>	<u>Business/Position</u>	<u>Area Code &amp; Telephone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

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**FOR LICENSED OR CERTIFIED PROFESSIONAL APPLICANTS**

State License or Certification	Expiration Date	Number	_____
_____	_____	_____	_____
Nurse Aide Certificate	State	_____	_____
_____	_____	_____	_____
CPR Date	Expiration Date	_____	_____
_____	_____	_____	_____

**READ CAREFULLY**

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

**I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Team Nurse, and/or will generally result in dismissal from employment no matter when discovered.**

**Medical Authorization Release:** I hereby give my permission to my doctor and medical facility to release my most recent Tuberculosis test and/or X-Ray, Hepatitis Screening, and/or shot history, and other necessary medical documentation to Team Nurse for the purpose of obtaining employment with Team Nurse.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**