



Office Use Only
ID #: _____

APPLICATION FOR RN RPN LPN

Check any that apply: Temporary Permit Interim Permit Awaiting Status

Current Licenses Held

License #: _____ Prov/St: _____ Licensing Body: _____ Exp Date _____

License #: _____ Prov/St: _____ Licensing Body: _____ Exp Date _____

EXPERIENCE & YEARS WORKED:

<input type="checkbox"/> Medical _____	<input type="checkbox"/> Intensive Care _____	<input type="checkbox"/> Hemodialysis _____
<input type="checkbox"/> Surgical _____	<input type="checkbox"/> Emergency _____	<input type="checkbox"/> Community Health _____
<input type="checkbox"/> Operating Room _____	<input type="checkbox"/> Recovery Room _____	<input type="checkbox"/> NICU Level I _____
<input type="checkbox"/> Geriatrics _____	<input type="checkbox"/> Labor/Del _____	<input type="checkbox"/> NICU Level II _____
<input type="checkbox"/> Pediatrics _____	<input type="checkbox"/> Maternal/Child _____	<input type="checkbox"/> CVICU _____
<input type="checkbox"/> Pediatrics Special Care _____	<input type="checkbox"/> Psychiatric Care _____	<input type="checkbox"/> Administrative _____
<input type="checkbox"/> Cardiac _____	<input type="checkbox"/> Instructor _____	<input type="checkbox"/> ACLS _____
<input type="checkbox"/> Chemo Cert. _____	<input type="checkbox"/> GI Cert. _____	<input type="checkbox"/> Other _____

PERSONAL INFORMATION

Name: _____ Gender: Female Male
Last First Middle

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Pager: _____ Mobile: _____

Social Insurance #: _____ Date of Birth: _____
Month Day Year

Emergency Contact Name: _____ Contact Number: _____

E-mail: _____

Status in Canada: Canadian Citizen Landed Immigrant Work Permit or Visa Other

GENERAL AVAILABILITY / EMPLOYMENT DESIRED

Casual Full Time Part Time Steady Travel Contract (specified term)

Days (circle): Su Mo Tu We Th Fr Sa

Preferred Shift Times: Days Evenings Nights Short shifts

Weekends Weekdays 8 hour 12 hour Other (please specify): _____

EDUCATION AND TRAINING

(Disregard if information is included on resume)

School _____ Name / Location _____ Course of Study _____ Graduation Year _____

High School _____

College/ University _____

College/ University _____

WORK HISTORY (most current first)

(Disregard if information is included on resume)

Employer: _____

Address: _____

Supervisor: _____

Phone#: _____

Employment Start Date: _____

End Date: _____

Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone#: _____

Employment Start Date: _____

End Date: _____

Duties: _____

Reason for Leaving: _____

CURRENT CERTIFICATIONS

CPR (Level) _____ BCLS ACLS NALS PALS

Other _____

Special Training: _____

OTHER INFORMATION

Country of Origin: _____ Languages Spoken: _____

Have you been licensed in another Country? yes no

If yes, Country: _____ Licensing Body: _____ Duration: _____

Date of last flu shot: _____ Date of last TB shot: _____

Do you have a valid driver’s license? yes no

Do you have a vehicle? yes no

Any medical conditions that may affect your abilities to perform the duties of the position for which you have applied? yes no

Have you ever been convicted of a criminal offense? yes no

If yes, explain (not an automatic disqualification): _____

Have you ever had a license to practice nursing suspended for any reason? yes no

Have you ever had a license to practice nursing revoked for any reason? yes no

Do you have any conditions on your license? yes no

If yes, explain _____

How did you hear of Health Staffing International? _____

REFERENCES

(do not include family members or relatives)

Name Occupation Phone Number

COMMENTS

The information on this application is true and complete to the best of my knowledge. I agree that failure to disclose or any misrepresentation on my application may be grounds for immediate termination. I authorize Health Staffing International to investigate any and all statements contained here in and request the persons, firms and or corporations named above to answer any and all questions relating to this application. I release from all liability Health Staffing International and any person, firm or corporation who provides information concerning my prior education, employment or character.

Applicant Signature _____

Date _____