



SIERRA STAFFING, INC.

A NURSING REGISTRY

RN's, LPN's & CNA's

WE SERVICE CARSON CITY, RENO & NORTHWEST NEVADA

CARSON CITY, NEVADA (775) 882-6464

EMPLOYMENT APPLICATION

Name (As it appears on your Social Security Card)

First Name

Middle Initial

Last Name

Current Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Permanent Address (if different)

Address

City

State

Zip

License Registered Nurse Certified Nursing Assistant

Specialty

Social Security Number

Email Address

Days Available to work Mon Tues Wed Thurs Fri Sat Sun

Shifts 7am-3pm 3pm-11pm 11pm-7am 7am-7pm 7pm-7am



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LICENSURE

State

License #

Exp. Date

State

License #

Exp. Date

State

License #

Exp. Date

CERTIFICATIONS EXPIRATION DATE

<input type="checkbox"/> ACLS	<input type="text"/>
<input type="checkbox"/> BCLS	<input type="text"/>
<input type="checkbox"/> NRP	<input type="text"/>
<input type="checkbox"/> PALS	<input type="text"/>
<input type="checkbox"/> CNOR	<input type="text"/>
<input type="checkbox"/> Chemo	<input type="text"/>
<input type="checkbox"/> PART/CPI	<input type="text"/>
<input type="checkbox"/> EKG Course	<input type="text"/>
<input type="checkbox"/> Critical Care	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

Has your professional license or certification ever been investigated or suspended?

Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No



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Have you ever been named as a defendant in a professional liability action? Yes No

Can you submit verification of your legal right to work in the U.S.? Yes No

If you will be employed on a visa, please specify type of work visa.

EDUCATION	<u>Name of School</u>	<u>Location</u>	<u>Month and Year</u>	<u>Diplomas, Degrees</u>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other School (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person to notify in case of emergency.

Name

Relationship

Street
Address

City

State

Zip

Phone

EMPLOYMENT PROFILE

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer.

Are you employed now? Yes No

If so, may we contact your present employer? Yes No

Previous Employer #1

Facility/Employer

Unit/Floor/Dept

Street address

City

State



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Zip

Dates employed: From To

Reason for leaving

Position held

Unit Specialty

Supervisor's name and title

Phone

Other supervisor?

Phone

Previous Employer #2

Facility/Employer

Unit/Floor/Dept

Street address

City

State

Zip

Dates employed: From To

Reason for leaving

Position held

Unit Specialty

Supervisor's name and title

Phone

Other supervisor?

Phone

Previous Employer #3

Facility/Employer

Unit/Floor/Dept



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Street address

City

State

Zip

Dates employed:

From To

Reason for leaving

Position held

Unit Specialty

Supervisor's name
and title

Phone

Other supervisor?

Phone

Other names under which you have been employed.

Summarize your
special skills or
qualifications

I attest that the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions and to appropriate governmental or licensing entities. The Company may also share applicant information with its affiliates.

Date

Sign