



# Licensed Nursing Personnel Application

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

SS # \_\_\_\_\_ Maiden name \_\_\_\_\_

Qualification:  RN  LPN

Type / license # \_\_\_\_\_ Issued by State of \_\_\_\_\_ Exp. date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_ Message phone \_\_\_\_\_

Do you have the ability to travel from home to home?  Yes  No  
Do you have access to a car?  Yes  No  
Do you have a driver's license?  Yes  No

Have you ever been convicted of a criminal offense other than a traffic violation?  Yes  No

If yes, explain \_\_\_\_\_

Have you ever been employed by any division of Home Care by Black Stone before?  Yes  No

If yes, when? \_\_\_\_\_

How were you referred to Home Healthcare by Black Stone?

- Newspaper (name) \_\_\_\_\_
- Web site (name) \_\_\_\_\_
- Friend (name) \_\_\_\_\_
- Other \_\_\_\_\_

Please list any languages in which you are fluent: \_\_\_\_\_

What days/hours are you available to work? Are you available to work weekends?  Yes  No

Mon  Tues  Wed  Thur  Fri  Sat  Sun

Hrs available \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

## Experience / Education

Education	High School	College	Other
School name _____	_____	_____	_____
School city, state _____	_____	_____	_____
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or major _____	_____	_____	_____

Check areas in which you have experience or training:

**Skills Inventory A**

- Head Nurse       OB/GYN
- Home Care       Pediatric Care
- Staff Relief       Med-Surge
- Private Duty       AIDS Care
- Hospital       ICU/CCU
- Nursing Home       IV Therapy
- Geriatrics       Oncology/Dying Patient Care
- Pediatrics       Other \_\_\_\_\_

**Skills Inventory B**

- IV       Teaching Clients
- IM       Dressings
- PICC Line       Catheterizations M/F
- Heparin Lock       Wound Vac
- Subclavian       Cardiac Monitor
- Z-Track       ACLS
- Intradermal       CPR
- Subcutaneous       Other \_\_\_\_\_

**Previous Employment** (list your last 5 employers, both permanent and temporary)

1. From \_\_\_\_\_ Employer Name \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

2. From \_\_\_\_\_ Employer Name \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. From \_\_\_\_\_ Employer Name \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

4. From \_\_\_\_\_ Employer Name \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

5. From \_\_\_\_\_ Employer Name \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Personal References** (no family members please)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_ # of years known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_ # of years known \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_ # of years known \_\_\_\_\_

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.
- I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.
- I understand that if I am offered employment, I will be working for Home Healthcare by Black Stone, on its payroll, at its client's premises.
- I understand that my employment may be terminated by Home Healthcare by Black Stone at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.

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