



Nurse Staffing Solution
24 Helena Ave
Mohegan Lake, NY 10547

Knight Nursing Agency, Inc.

www.KnightNursing.com

Office: (914) 528-2424

Fax: (914) 528-0880

EMPLOYMENT APPLICATION

Personal

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	Date of Birth
State	Zip Code	Phone (Home or where you can be reached)	E-Mail

Nursing

Position for which you are applying:	RN <input type="checkbox"/>	LPN <input type="checkbox"/>	CNA <input type="checkbox"/>
Desired Schedule : (Not Guaranteed)	DAYS <input type="checkbox"/>	EVENINGS <input type="checkbox"/>	NIGHTS <input type="checkbox"/>
List any professional licenses you possess.			
Nurse License Number:			
State of License:			
Expiration Date of License:			
Nurse Specialties:			
Date available for work:			
Special Training or Certification:	CPR Certified <input type="checkbox"/>	Exp Date:	IV Certified <input type="checkbox"/>
	BCLS Certified <input type="checkbox"/>	Exp Date:	ALS Certified <input type="checkbox"/>
	Other:		

Citizen

Are you a US Citizen	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are not a US citizen, do you have the right to remain permanently in the U.S.?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you under 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Referred by (name):		
Phone Number:		
Foreign language?(specify)		

Have you ever been convicted of a crime, including misdemeanors/traffic offenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(A conviction does not automatically mean you cannot be hired. The type of offense and length of time since conviction are important factors.) Please provide all of the facts so that a decision can be made. (Please limit to 500 words.)		

Educational History

High School

Name of School	City	State	Last Year Attended
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College / University / Nursing School

Name of School	City	State	Last Year Attended
Highest degree or Certification received	Graduation Date: Month/Year (xx/xx)		

Work History

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

References

Name	E-Mail Address	Phone	Business Relationship
Name	E-Mail Address	Phone	Business Relationship
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I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant (unsigned applications will not be processed)

Date