Applicant Screening Form

Job Title: _____ Date: _____
Name (last name, first): _____Previous/Alternate/Maiden Names: _____
Address: _____ City_____ State: _____ Zip Code: _____
Email:_____ Primary telephone number: _____ Secondary: _____
Are you 18 years or older? Yes: _____ No: _____ Referred by: _____

Special Purpose Questions

Are you prevented from lawfully becoming employed in the U.S.? Yes ____ No ____
Have you ever been convicted of a felony or misdemeanor?
Yes ____ No ____ Describe _____
*** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

Military Service Record

Armed Forces Service: Yes ____ No ____ Honorably discharged?: ☐Yes ☐No Date of Discharge: _____
Branch of service: _____ Job Description: _____

Education

School	Num of Yrs Attended	Name of School	City	Course/Major	Graduate Yes/No
High					
College					
Other					

***The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Experience

Name of the Company	Date to/from	Duties Performed

Do you have Pediatric experience as a nurse? ☐Yes ☐No
Do you have experience with? (check all that apply) ☐GB ☐Tracheostomy ☐Ventilators ☐Central Line ☐Catheters ☐Colostomy ☐ TPN

What is your Availability: (Check all that you would like to be considered for):

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dayshift							
Nightshift							
Either							

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