

Nursing Substitute Application Form

Date of Application: _____ Date Available to Start Work: _____

Personal Information

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

List any other name(s) you have previously worked under, such as maiden name: _____, _____

Present Address:

(Street) (City) (State) (Zip)

Permanent Address (if different than present address):

(Street) (City) (State) (Zip)

Telephone #: _____ Date of Birth: _____ Sex: ___ M ___ F

Race: _____

[------ For purposes of Criminal History Records Search -----]

Emergency Contact Person:

Professional License Number: _____

Days of the week available: _____

Work History

Prior Work History List your last two (2) jobs beginning with your most recent or current employer.

Employer's Name: _____

Telephone Number: _____

Employer's Address:

(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Salary: _____

Reason for Leaving:

Employer's Name: _____

Telephone Number: _____

Employer's Address:

(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Salary: _____

Reason for Leaving:

May we contact your present employer? _____ Yes _____ No _____ Not applicable

Have you ever been terminated or asked to resign from any position? _____ Yes _____ No
If yes, provide reason.

Educational Background

List all educational schools attended with degrees, diplomas or certificates received.

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc

References List name, address and telephone number of three (3) references who are not relatives or former employers.

1. _____

2. _____

3. _____

Background Information

A. _____ Yes _____ No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a healthcare profession?

Explanation: _____

B. _____ Yes _____ No Are any disciplinary actions or allegations, pending or substantiated, against you or your healthcare professional license in any state or U.S. jurisdiction?

Explanation: _____

C. _____ Yes _____ No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid, or in connection with, action by such authority?

Explanation: _____
