

## Sacred Heart Nursing Services, Inc.

3418 E. Indian School Rd.  
Phoenix, Arizona 85018  
(602) 277-8721

### APPLICATION FOR EMPLOYMENT

**I. PERSONAL** **DATE** \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX : M \_\_\_\_\_ F \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Number Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
Number Street City State Zip

TELEPHONE NO. \_\_\_\_\_ CELLPHONE/PAGER: \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

PRESENT USA STATUS: CITIZEN \_\_\_\_\_ IMMIGRANT \_\_\_\_\_ H-1 VISA \_\_\_\_\_ OTHERS \_\_\_\_\_

ALIEN CERTIFICATE NO. \_\_\_\_\_ PASSPORT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

LANGUAGE PROFICIENCY: \_\_\_\_\_ ENGLISH \_\_\_\_\_ SPANISH \_\_\_\_\_ OTHERS, SPECIFY \_\_\_\_\_

NURSING EXPERIENCE, # OF YEARS: LPN \_\_\_\_\_ RN \_\_\_\_\_ C.N.A. \_\_\_\_\_ BHT \_\_\_\_\_ YEAR STARTED \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS COMPANY? \_\_\_\_\_ FRIEND \_\_\_\_\_ RELATIVE \_\_\_\_\_ ADS \_\_\_\_\_  
 \_\_\_\_\_ OTHERS, PLEASE SPECIFY: \_\_\_\_\_

**II. POSITION DESIRED** (I GIVE MY CONSENT FOR SHNS TO CONTACT MY PRESENT EMPLOYER: Y OR N )

POSITION \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

SHIFT PREFERENCE: DAYS \_\_\_\_\_ NIGHTS \_\_\_\_\_ GRAVES \_\_\_\_\_ PART TIME \_\_\_\_\_ ; ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ TEL. # \_\_\_\_\_

DO YOU HAVE PROBLEMS WITH YOUR LICENSE OR WITH THE LAW? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

**III. WORK RECORD (Past 9 years of work history), Include 1<sup>st</sup> year of nursing job experience:** \_\_\_\_\_

Date	Name & Address of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				

**IV. EXPERIENCE IN THE FOLLOWING AREAS INCLUDING IN-SERVICE TRAINING**

	YRS	MOS		YRS	MOS		YRS	MOS
MEDICAL/SURGICAL			RECOVERY ROOM			STAFF NURSE		
NICU, NECU			ONCOLOGY			CHARGE NURSE		
ICU-CCU, SICU, MICU			ORTHOPAEDICS			HEAD NURSE		
PEDIATRICS, PICU			PSYCHIATRIC			SUPERVISOR		
EMERGENCY ROOM			L&D			INSTRUCTOR		
NEUROLOGY			PUBLIC HEALTH			DIRECTOR		
OB GYN, NURSERY			LONG-TERM CARE			HOME HEALTH		
OPERATING ROOM			BU			JAIL/PRISON		

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? AS WHAT: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ NO \_\_\_\_\_ YES, IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FOR AN EMPLOYMENT?  YES  NO

**V. EDUCATIONAL BACKGROUND**

	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	YEAR GRADUATED	SUBJECTS STUDIED & DEGREE(S) OBTAINED
GRAMMER SCHOOL/ ELEMENTARY SCHOOL		1 2 3 4	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
COLLEGE/ UNIVERSITY		1 2 3 4	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		

**VI. JOB QUALIFICATION: DESCRIBE THE TYPE OF WORK FOR WHICH YOU ARE BEST QUALIFIED. GIVE DETAILS ABOUT QUALIFICATION, SPECIAL SKILLS, MACHINE OPERATED, LICENSES, PROFESSIONAL AFFILIATIONS, HONORS, AWARDS, ETC.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. REFERENCES**

NAME	ADDRESS	BUSINESS
1.		
2.		
3.		

**VIII. IN CASE OF EMERGENCY, NOTIFY** \_\_\_\_\_  
NAME ADDRESS PHONE NUMBER

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR ?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION OR OMISSION OF INFORMATION ARE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATION. (I UNDERSTAND AND AGREE THAT EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.) I FURTHER AGREE THAT SHOULD I ACCEPT EMPLOYMENT WITH SACRED HEART NURSING SERVICES, INC., I WILL ABIDE BY ITS RULES AND REGULATIONS. REFER TO GENERAL POLICIES. I CANNOT APPLY TO FACILITIES UNDER CONTRACT W/ SHNS. I MUST BE 90 DAYS INACTIVE W/ SHNS, BEFORE APPLYING AT ANY CONTRACTED FACILITY, OR MUST PAY CURRENT FEE.

I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, AND I RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FOR ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO THIS COMPANY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ REMARKS: \_\_\_\_\_

I.D. BADGE ISSUED DATE: \_\_\_\_\_ RE-ISSUED DATE: \_\_\_\_\_

HIRED \_\_\_\_\_ POSITION: Staff/ M.A./ C.N.A./ B.H.T./ L.P.N./ R.N./ \_\_\_\_\_ WAGES: \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Human Resources

Scheduling

Administrator