

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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| **APPLICANTS MAYBE TESTED FOR REQUSITE PROFESSIONAL SKILLS AND ILLEGAL DRUGS** |
| PLEASE COMPLETE PAGES 1-5  DATE \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle MaidenDate of Birth DATE: **M M/D D//Y Y Y Y** Social Security No. \_ \_ \_[\_ \_]\_ \_ \_ \_ Present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address Number Street City State ZipHow long: \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Phone: (\_ \_ \_) \_ \_ \_ \_ \_ \_ \_ (\_ \_ \_) \_ \_ \_ \_ \_ \_ \_ (\_ \_ \_) \_ \_ \_ \_ \_ \_ \_ Years Months Days Home Mobile/Cell Business/WorkEmail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position applied for: RN[ ] LPN[ ] CNA[ ]Salary Desired: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ (Be Specific) Hourly Weekly Biweekly Monthly Desired Location: Braintree[ ] Brockton[ ] Plymouth[ ] New Bedford/Fall River[ ]Days/Hours Available to workNo Pref. \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_\_ Fri \_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_\_ SunHow many hours can you work weekly? \_\_\_\_\_\_\_\_ Can you work nights?[ Yes/No] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Evening to Midnight Overnight Employment desired: \_\_\_ FULL TIME ONLY \_\_ PART-TIME ONLY \_\_ FULL OR PART-TIMEWhen available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED  | MAJORS & DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
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Have you been convicted of crime or professionally sanctioned as a result of job performance? \_\_ No \_\_Yes, If yes, explain the number of conviction(s) or sanction(s), nature of offense(s) or sanction(s) leading to convictions(s) or professional reprimand(s), how recently such offense(s) or sanction(s) was/were committed, sentence(s) or disciplinary action(s) imposed, type of rehabilitation or continued Education required, use extra sheet if required…  |
| DO YOU HAVE A DRIVER’S LICENSE? \_\_ Yes \_\_ NoWhat is your means of transportation to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Operator \_ Commercial (CDL) \_ Chauffeur Expiration Date \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Have you had any accidents during the past three years? \_\_\_ Yes \_\_ No How Many?\_\_\_\_\_\_\_\_Have you had any moving violations during the past three years? \_\_\_ Yes \_\_ No How Many?\_\_\_\_\_\_\_\_ |
| OFFICE USE ONLYComputer & Social Media Literacy **PROFESSIONAL SKILLS ASSESMENT** AVE INTERMEDIATE SUPERIOR **RN(ER, ICU, MS, Psych, L&D, OR,** **Pediatrics, New-born nursery, DOU/TELE, [ ] [ ] [ ]**  **LPN [ ] [ ] [ ]**  **CAN [ ] [ ] [ ]**  **Home Health Aides/Companion [ ] [ ] [ ]**  Windows \_\_\_\_ Mac \_\_\_\_\_\_\_\_Tablets \_\_\_\_\_\_Facebook \_\_\_\_\_Twitter \_\_\_\_\_\_Other \_\_\_\_\_\_ |
| Pleas list two references other than relatives or previous employers:Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [**OPTIONAL]** Please provide any additional information that was not covered either in your Cover Letter or Resume that you think will further qualify you for the position you are applying for. |
| VETERAN STATUSHave You Served In The Military? \_\_\_ Yes \_\_\_NoAre You Veteran or National Reserved? \_\_\_ Yes \_\_\_No [ If Yes, Which State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ Date Discharged \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ |
| **Work** Please list your work experience for the past five years being with your most recent job held. **Experience** If you were self-employed, give firm name. Attach additional sheet if necessary.

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| Name of last supervisor | Employment Dates | Salary/Hrly. rate |
|  | FromTo | StartEnd |
| Your Last Job Title |

 |
| Name of EmployerAddressCity, State, Zip Code |
| Reason for leaving (state exactly) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this employer or company. |
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