



RELIABLE NURSING SERVICES INC

12133 W HWY 158 * Midland, TX 79707 * 432-561-8119

Application for Employment

Date _____

Name (Last) _____ (First) _____ (MI) _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

(Home Phone) (____) _____ (Other) _____

Email Address _____

LICENSE:

RN _____ LVN _____ CNA _____

State _____ License Number _____ Expiration Date _____

State _____ License Number _____ Expiration Date _____

Have any of your licenses ever been suspended, revoked or had disciplinary action taken against them? YES _____ NO _____ If so, please explain (attach additional sheets as needed). _____

EDUCATION: PROFESSIONAL TRAINING

| School | Location | Degree |
|--------|----------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PROFESSIONAL EXPERIENCE AND WORK HISTORY

(List the primary employers for the last three years, listing most recent first.)

FACILITY: Name _____

Address _____

Phone
Number _____ Supervisor _____

Dates Employed: from: _____ to: _____

Reasons for Leaving: _____

Units Worked: _____

Explanation of duties (per unit):

FACILITY: Name _____

Address _____

Phone
Number _____ Supervisor _____

Dates Employed: from: _____ to: _____

Units Worked: _____

Reason for Leaving: _____

Explanation of Duties (per unit):

FACILITY: Name _____

Address _____

Phone
Number _____ Supervisor _____

Dates Employed: from: _____ to: _____

Units Worked: _____

Reason for Leaving: _____

Explanation of Duties (per Unit):

PERSONAL INFORMATION

In case of an emergency, notify:

Name _____ Relationship _____

Phone (_____) _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, please explain by giving date, charge, disposition, and any other details you feel are appropriate. Please note that a conviction record alone will not be a bar to employment. All relevant factors will be considered.

Have you ever incurred probation, suspension, or revocation of your license in any state?

YES _____ NO _____

Have you ever had any involvement in any medical malpractice actions with an agency or allied health facility or personnel? YES _____ NO _____

Please list 2 professional references. Reliable Nursing Service, Inc. will be contacting these references:

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

I hereby certify that the information on this form is true, that no misrepresentations have been made, and that no material information has been withheld. I further understand that a misrepresentation of facts or omission of material information will result in immediate termination. I authorize Reliable Nursing Services, Inc. to contact my former employers and professional references and release the agency and all third parties of any and all liability resulting from such investigation. I further understand that acceptance of this application is no guarantee of employment.

I understand that employment in Texas is at-will and as such, employment with Reliable Nursing Service, Inc. is terminable at any time by either party for any reason or for no reason.

Your
Signature _____

Reliable Nursing Service, Inc. is an Equal Opportunity employer and does not discriminate on the basis of age, race, sex, religion, national origin, citizenship, disability or any other protected class.