

## ZENA NURSE STAFFING AGENCY

Instructions: Print clearly. Answer all of the questions. Sign and date the form. Email application. Attach Nursing License, CPR, and or ACLS cards. Resume is optional. Attach physical and PPD within last year.

### Personal Information

First Name

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Middle Name

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Last Name

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Street Address

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City and State

---

Zip Code

---

Phone Number

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Are you eligible to work in the United States? Please Circle.

Yes      No

Are you under the age 18? Please Circle

Yes      No

Have you been convicted of or pleaded no contest to a felony within the last five years?  
Please Circle.

Yes      No

If yes, please explain.

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Position applying for:

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Previously held positions

Current employer name and address.

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Position/Title held

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Supervisor's name

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Phone number

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Email

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From dates

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Responsibilities

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Salary

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Reason for leaving?

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May we contact your present employer? Please Circle.

Yes    No

Previous employer name and address.

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Position/Title held

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Supervisor's name

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Phone number

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Email

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From dates

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Responsibilities

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Salary

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Reason for leaving?

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May we contact your employer? Please Circle.

Yes    No

Days and hours that you are available to work?

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Education:

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Licenses, training, skills and awards:

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Please provide two references. Including either phone or email.

1. \_\_\_\_\_

2. \_\_\_\_\_

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for termination of employment at any point if I am hired. I authorize the verification of any or any or all information listed above.

Signature

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