



EQUITY SERVICES
of St. Paul, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

Professional Nursing Employment Application

Name: _____ Birthdate _____
(First) (Middle) (Last)

Address _____ Phone # _____

City _____ State _____ Zip _____ Alternate # _____

Languages spoken: _____ Social Security # _____

Email address: _____

Emergency Contact _____ Phone # _____

Transportation & Availability

Drivers License: ___ Yes ___ No Car Availability: ___ Yes ___ No

Are you interested in: ___ Full Time ___ Part Time ___ Casual

Current License/Certificates

Current license: ___ LPN ___ RN Nursing license number: _____

RN with PHN Certification ___ No ___ Yes

CPR Certified: ___ No ___ Yes (*Provide copy of certification*)

Please list any additional training and certifications: _____

Education

College or Technical School _____

Year of Graduation _____ Degree obtained: _____

General Questions

We require that our all nurses have the ability to lift 50 pounds for transferring clients. Do you have this ability? ___ Yes ___ No

Have you ever been convicted of a felony or a misdemeanor? ___ Yes ___ No

Do you give Equity Services permission to perform a background check? ___ Yes ___ No

Please fill out attached data collection work sheet

Disclosure Statement

I grant permission for any of the above information to be verified by Equity Services of St. Paul, Inc. This information will be confidential and will not disqualify me from employment.

Signature

Date

Employment history – List most recent employer first:

1) Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Length of Employment _____ Months From _____ To _____

Job duties _____

Reason left employment _____

May we contact your last employer? ___ No ___ Yes Phone# _____

2) Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Length of Employment _____ Months From _____ To _____

Job duties _____

Reason left employment _____

May we contact your last employer? ___ No ___ Yes Phone# _____

How did you hear about Equity Services?

___ Public Health Listing ___ Web page ___ Job Fair ___ Family/Friend Name: _____

What position are you applying for?

Professional References

Name _____ Phone # _____

Email _____

Name _____ Phone # _____

Email _____

Name _____ Phone # _____

Email _____



EQUITY SERVICES
of St. Paul, Inc.

.....
AN EQUAL OPPORTUNITY EMPLOYER

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provided will be used **only** to monitor our compliance with equal opportunity laws and regulations, and for no other purpose. **This form is not used for employment decisions.** If you have a disability and need accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

Last	First	Middle	Date
------	-------	--------	------

Race/Ethnicity

- Caucasian (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic Origin
- Asian or Pacific Islander
- Native American or Alaskan Native (not of Hispanic origin)

Gender

- Female
- Male

Disability Status

Are you a person with a disability?

- Yes
 - No
-

