

International Nurses Recruiting, LLC

Employment Application Form

International Nurse <input type="checkbox"/>	USA/Domestic Nurse <input type="checkbox"/>
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(Please print or type clearly)

Honorific <small>(Ms/Mr/Mrs/Miss)</small>	Last Name	Middle	First Name
Home/ Street Address			
City	State/Province	Postal/Zip	Country
Postal Address			
City	State/Province	Postal/Zip	Country
Home Telephone*		Work Telephone*	
Mobile Telephone*		Fax	
* Domestic Telephone Numbers should include the area code and telephone number * International Telephone Numbers should include the country code, city code, and local number			
Do you have access to the internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address:
Where you referred by an agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Agent: _____		Company: _____	
Nursing Specialties	Years of Experience	As of Month/Day/Year	
1.			
2.			
3.			
4.			
Education:			
Name & Address of School(s) Attended	# Years Attended	Grade Completed	Entrance Date
College/University			
			Qualification(s) Obtained <small>(Diploma, Degree)</small>

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CREDENTIALS

INDICATE IF YOU HOLD THE FOLLOWING CERTIFICATIONS
(Please Attach Copies. Paper Clips Only. Do Not Staple)

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date	PALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date
BLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date	NALS/NRP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date
ACLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp. Date			

Related Courses and Certifications (i.e. - EKG, Chemotherapy, etc.)

Professional Memberships		
Name of Organization	Registration Number	Date Of Registration

List additional education, skills, experience, and relevant qualifications on another sheet and attach to this application.

Check off the appropriate box: RN <input type="checkbox"/> LPN <input type="checkbox"/> PN <input type="checkbox"/> CNA <input type="checkbox"/> RN/Midwife <input type="checkbox"/> Midwife <input type="checkbox"/>
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Do you hold a US License? <input type="checkbox"/> Yes <input type="checkbox"/> No	RN <input type="checkbox"/>	LPN <input type="checkbox"/>	If yes, provide the following information:		
Type of License (RN/LPN)	State/Territory	Exam Date (Month/Day/Year)	License Number	Date of License Expiration	

Do you hold a License from a country outside of the United State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide the following information:		
Type of License(RN/PN/Midwife)	Country	Exam Date (Month/Day/Year)	License Number	Date of License Expiration	

Relevant Exam Scores						
Exam	Date Taken	Pending/Date Scheduled *	Score	Passed	Failed	
CGFNS Examination						
NCLEX-RN Examination						
TOEFL						
TSE						
TWE						
MELAB (Part 1)						
(Part 2)						
(Part 3)						
Speaking Test						

* If you have not yet taken an examination, but are scheduled, list the date scheduled. If you have not taken an examination, and have not scheduled to take the exam indicate "not scheduled"

Do you have CGFNS Certification: Yes No Date _____

Status of Visa Screen: Certification Pending Yes No Certification Approved Yes No Date _____

CURRENT EMPLOYMENT HISTORY

Name of Hospital/Clinic/Nursing Home/Other						
Street Address						
City		State/Province		Postal/Zip		Country
Phone				Fax		
Mobile				Other		
Email Address						
Type of Facility	University Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other _____					
Type of Nurse	RN <input type="checkbox"/>	LPN <input type="checkbox"/>	PN <input type="checkbox"/>	CNA <input type="checkbox"/>	Midwife <input type="checkbox"/>	RN/Midwife <input type="checkbox"/>
Current Specialty				Position Title		
Date Position Commenced				Number of Hours Per Week		
Name of Direct Supervisor						

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Phone				Fax			
Mobile				Other			
Email							
May we contact this person for a reference?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Type of Unit/Ward				Shift Work			
Number of Beds in Hospital		Number of Beds in Unit/Ward		Average Patient Ratio			
Charge experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Shift Coordination/Team Leader			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the unit(s) that you worked in and include any special skills gained from this position:							

PREVIOUS EMPLOYMENT HISTORY

Name of Hospital/Clinic/Nursing Home/Other			
Street Address			
City	State/Province	Postal/Zip	Country

Phone				Fax			
Mobile				Other			
Email Address							
Type of Facility	University Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/>						
Type of Nurse	RN <input type="checkbox"/>	LPN <input type="checkbox"/>	PN <input type="checkbox"/>	CNA <input type="checkbox"/>	Midwife <input type="checkbox"/>	RN/Midwife <input type="checkbox"/>	
Specialty	Other: _____				Position/Title		
Date Position Commenced					Number of Hours Per Week		
Name of Direct Supervisor							
Phone				Fax			

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Mobile		Other	
Email Address			
May we contact this person for a reference?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Type of Unit/Ward		Shift Work	
Number of Beds in Hospital		Number of Beds in Unit/Ward	Average Patient Ratio
Charge experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Coordination/Team Leader	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the unit(s) that you worked in and include any special skills gained from this position:			
Reasons for Leaving:			

PREVIOUS EMPLOYMENT HISTORY

Name of Hospital/Clinic/Nursing Home/Other			
Street Address			
City	State/Province	Postal/Zip	Country

Phone		Fax	
Mobile		Other	
Email Address			
Type of Facility	University Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other _____		
Type of Nurse	RN <input type="checkbox"/>	LPN <input type="checkbox"/>	PN <input type="checkbox"/> CNA <input type="checkbox"/> Midwife <input type="checkbox"/> RN/Midwife <input type="checkbox"/> Other _____
Specialty		Position/Title	

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Date Position Commenced		Number of Hours Per Week	
Name of Direct Supervisor			
Phone		Fax	
Mobile		Other	
Email Address			
May We Contact this person for a Reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Unit/Ward		Shift Work	
Number of Beds in Hospital		Number of Beds in Unit/Ward	Average Patient Ratio
Charge experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Coordination/Team Leader Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the unit(s) that you worked in and include any special skills gained from this position: Reasons for Leaving:			

Preferences

Where in the United States would you like to be placed?	
State:	City:
Type of facility you prefer?	

The statements I have made in this application are accurate and I understand that falsification of any information will be the grounds for disqualification of employment and termination of services.

I authorize International Nurses Recruiting, LLC (referred to hereafter as the "Company"), to verify the information and data I have provided and to contact previous employers and references concerning my skills, character and work/employment record(s).

I release all such persons from liability for providing such information. I authorize the Company, as my employer, to release any information provided in this application or discovered by the Company which may be relevant to my employment to their client facilities.

This employment application, nor the granting of an interview, is intended to create an employment contract between the Company and the applicant for either employment or for providing of any benefit. Offers of employment are individual and conditional upon the applicant's proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.

<i>Your Signature</i>	<i>Date</i>
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Return to:

International Nurses Recruiting, LLC
2875 S. Ocean Boulevard
Suite 212
Palm Beach, Florida, 33480
USA

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Fax: 1-561-547-1940
E-Mail: ntmorse@ross-central.com