

**PERSONAL INFORMATION:**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Drivers License? Yes \_\_\_ DL# \_\_\_\_\_ No \_\_\_ State ID# \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain on reverse)

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Referral Source \_\_\_\_\_

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**Employment Desired:** \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ CLERICAL \_\_\_\_\_ VOLUNTEER

Areas of Experience \_\_\_\_\_ Months/Years of Experience

Hospital \_\_\_\_\_

Nursing Home \_\_\_\_\_

Home Care \_\_\_\_\_

Clinical/Industrial \_\_\_\_\_

Other \_\_\_\_\_

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**Education**                      **Name of School & Location**                      **Year Graduated and Degrees Received**

Nursing School: \_\_\_\_\_

College or University: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Have you taken and passed nursing boards? \_\_\_\_\_ No \_\_\_\_\_ Yes - When? \_\_\_\_\_

CPR certified? \_\_\_NO \_\_\_YES If so, when? \_\_\_\_\_ Renewal Date \_\_\_\_\_

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**Emergency / Physician Information:**

Today's Date \_\_\_\_\_ Date of Hire \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician, Phone Number & Address \_\_\_\_\_

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**Employment Record:**

List all employment beginning with your most recent employer. All information must be completed or your application will not be processed. References will be checked.

1. Employers Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Job Description and/or Duties \_\_\_\_\_

Supervisor's Name / Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employers Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Job Description and/or Duties \_\_\_\_\_

Supervisor's Name / Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employers Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Job Description and/or Duties \_\_\_\_\_

Supervisor's Name / Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employers Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Job Description and/or Duties \_\_\_\_\_

Supervisor's Name / Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Do you have any other information pertinent to your experience or qualifications that you would like to be made a part of this application. If so, please use the additional space for comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please be advised that any offer of employment may be contingent on passing a confidential pre-employment physical examination and/or health screening specific to the position for which you are applying.

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND SHOULD I BE HIRED, I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION MADE AS A PART OF THIS APPLICATION IS CONSIDERED CAUSE FOR IMMEDIATE DISMISSAL.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL NURSING CARE, INC.**  
**1240 NW 115TH**  
**OKLAHOMA CITY, OK 73118**  
**(405) 752-5222 FAX (405) 752-5246**

**NOTIFICATION OF CRIMINAL ARREST CHECK**

63 O.S. 1-1950 requires that all new personnel of Health Care Providers be offered only "temporary" employment status until a criminal history check can be completed.

That bill also provides that the employer shall inform each applicant for employment that the employer is required to obtain such information.

To comply with this law, this agency will forward relevant identifying information to the Oklahoma State Bureau of Investigation (O.S.B.I.) for review. Any person found to have a misdemeanor or felony conviction for certain specified crimes cannot be offered permanent employment by this agency.

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I have been informed that this nursing agency will request the O.S.B.I. to conduct a criminal history check and I have provided all the information below relevant to this check. I also understand that any information obtained is confidential and is for the exclusive use of the State Department of Health and Personal Nursing Care, Inc.

Name \_\_\_\_\_  
Last First Middle Maiden

Social Security Number and/or State I.D. Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date