

# APPLICATION FOR NURSE POSITION

HR USE ONLY

Company: Wayne County Board of Education  
Address: P.O. Box 658; 419 S. Main Street  
City: Waynesboro, TN 38485

Location \_\_\_\_\_  
Date Employed \_\_\_\_\_

ALL INFORMATION REQUESTED  
PLEASE PRINT

Documents Received:  
 Resume  
 Reference Numbers  
 Interview Record

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(First) (MI) (Last)

Present Address: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

So you have a legal right to be employed in the United States?  Yes  No

Are you over the age of 18?  Yes  No

## Company Experience

Have you worked for this company before? \_\_\_\_\_ If yes, Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

## General Information

Are you currently employed? \_\_\_\_\_ If not, when was your last day of employment? \_\_\_\_\_

Applying for nursing position at:  Waynesboro  Collinwood  Frank Hughes  
 Full Time  Part-time  Temporary

Did anyone refer you?  If yes, who, \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

| Type of School   | Name and City | Did You Graduate? | Course or Major |
|------------------|---------------|-------------------|-----------------|
| College          |               |                   |                 |
| Technical School |               |                   |                 |
| High School      |               |                   |                 |
| Other            |               |                   |                 |

### LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

|          |                           |                           |  |                    |  |   |                    |             |
|----------|---------------------------|---------------------------|--|--------------------|--|---|--------------------|-------------|
| <b>1</b> | COMPANY NAME              | DATES WORKED              |  | POSITION(S) HELD   |  |   |                    |             |
|          | ADDRESS, CITY, STATE, ZIP | FROM                      | TO   |                    |  |   |                    |             |
|          | PHONE NO. ( )             | DUTIES / RESPONSIBILITIES |  |                    |  |   |                    |             |
|          | TYPE OF BUSINESS          |                           |  |                    |  |   |                    |             |
|          | NAME OF SUPERVISOR        | REASON FOR LEAVING        |  |                    |  |   |                    |             |
|          | BASE GROSS INCOME \$      | STARTING WAGE per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | ENDING/CURRENT per | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | <input type="checkbox"/> BONUS<br><input type="checkbox"/> INCENTIVES | AMOUNT RECEIVED \$ | WORK HOURS: |
| <b>2</b> | COMPANY NAME              | DATES WORKED              |  | POSITION(S) HELD   |  |   |                    |             |
|          | ADDRESS, CITY, STATE, ZIP | FROM                      | TO   |                    |  |   |                    |             |
|          | PHONE NO. ( )             | DUTIES / RESPONSIBILITIES |  |                    |  |   |                    |             |
|          | TYPE OF BUSINESS          |                           |  |                    |  |   |                    |             |
|          | NAME OF SUPERVISOR        | REASON FOR LEAVING        |  |                    |  |   |                    |             |
|          | BASE GROSS INCOME \$      | STARTING WAGE per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | ENDING per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | <input type="checkbox"/> BONUS<br><input type="checkbox"/> INCENTIVES | AMOUNT RECEIVED \$ | WORK HOURS: |
| <b>3</b> | COMPANY NAME              | DATES WORKED              |  | POSITION(S) HELD   |  |   |                    |             |
|          | ADDRESS, CITY, STATE, ZIP | FROM                      | TO   |                    |  |   |                    |             |
|          | PHONE NO. ( )             | DUTIES / RESPONSIBILITIES |  |                    |  |   |                    |             |
|          | TYPE OF BUSINESS          |                           |  |                    |  |   |                    |             |
|          | NAME OF SUPERVISOR        | REASON FOR LEAVING        |  |                    |  |   |                    |             |
|          | BASE GROSS INCOME \$      | STARTING WAGE per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | ENDING per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | <input type="checkbox"/> BONUS<br><input type="checkbox"/> INCENTIVES | AMOUNT RECEIVED \$ | WORK HOURS: |
| <b>4</b> | COMPANY NAME              | DATES WORKED              |  | POSITION(S) HELD   |  |   |                    |             |
|          | ADDRESS, CITY, STATE, ZIP | FROM                      | TO   |                    |  |   |                    |             |
|          | PHONE NO. ( )             | DUTIES / RESPONSIBILITIES |  |                    |  |   |                    |             |
|          | TYPE OF BUSINESS          |                           |  |                    |  |   |                    |             |
|          | NAME OF SUPERVISOR        | REASON FOR LEAVING        |  |                    |  |   |                    |             |
|          | BASE GROSS INCOME \$      | STARTING WAGE per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | ENDING per         | <input type="checkbox"/> HOUR<br><input type="checkbox"/> YEAR | <input type="checkbox"/> BONUS<br><input type="checkbox"/> INCENTIVES | AMOUNT RECEIVED \$ | WORK HOURS: |

**Work & Personal References**

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship and Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship and Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship and Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship and Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**List All Certifications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: