



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 # \_\_\_\_\_

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**

RN License: *(Provide copy of license)*

RN with PHN Certification \_\_\_ No \_\_\_ Yes

CPR Certificate: *(Provide copy of certification)*

Please list any additional training and certifications \_\_\_\_\_

### **Education**

College or Technical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

### **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

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

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

### **Disclosure Statement**

I grant permission for any and all 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 \_\_\_ Website \_\_\_ Family/Friend Name: \_\_\_\_\_

**Professional References**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_



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**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 an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

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Last	First	Middle	Date
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Position for which you are applying

**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
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