



2234 Bedell Rd, Grand Island, NY 14072 | (716) 775-9452 | FAX 716.775.9459

NURSE APPLICATION

CONTACT INFO

Applicant:

Address:

Phone:

Mobile:

Email:

Are you legal to work in the US? Yes No

SSN:

EDUCATION

School/University:

Year Graduated:

Degree:

Specialty:

License Information

Is your license currently active?

Licensed In:

Licensed In:

Licensed In:

Licensed In:

Licensed In:

Licensed In:

Additional Licensing Information: Yes ☐ No ☐ If yes, please explain:

Has your license ever been under investigation?

Investigated for drugs/clinical competence issues?

Ever been suspended or revoke?

Have you ever been convicted of a felony?



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EMPLOYMENT HISTORY

Hospital:

Phone:

Address:

City, State, Zip Code:

Reference/Supervisor:

Travel Assignment:

If yes, what agency?

Date Range:

Type of Unit:

Reasons for leaving:

Hospital:

Phone:

Address:

City, State, Zip Code:

Reference/Supervisor:

Travel Assignment:

If yes, what agency?

Date Range:

Type of Unit:

Reasons for leaving:

Hospital:

Phone:

Address:

City, State, Zip Code:

Reference/Supervisor:

Travel Assignment:

If yes, what agency?

Date Range:

Type of Unit:

Reasons for leaving:



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CERTIFICATION

Certification	Yes/No	Exp. Date
ACLS	<input type="radio"/> <input type="radio"/>	
BLS/CPR	<input type="radio"/> <input type="radio"/>	
PALS	<input type="radio"/> <input type="radio"/>	
Other Certification:		
Other Certification:		
Other Certification:		

PREFERENCES

Date available to start:

Geographic Preference:

1st Shift Preference:

2nd Shift Preference:

Have you ever been a travel nurse?

REFERENCES

Professional Reference Name

Name:	Phone:
Name:	Phone:
Name:	Phone:

In Case of an emergency, notify:

Name:	Phone:	Relationship:
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The statements made in this application are true to the best of my knowledge. I understand that any falsification will be basis for disqualification of employment or termination of services. I authorize Pinnacle Travel Nurses staffing, limited to verify the information I have provided and to contact past employers and references concerning my ability, character, and employment record. I release all persons from liability for furnishing said information.

Applicant's Signature: Date:

Recruiter's Signature: