



APPLICATION FOR EMPLOYMENT

Date of application:

Name: _____

LAST

FIRST

MIDDLE

Address: _____

STREET

CITY

STATE

ZIP CODE

Telephone #

Cell #

Email:

*Social Security Number

*Date of Birth:

Are you eligible for employment in this country? YES NO

Have you been convicted of a crime in the last seven (7) years? YES NO

If yes, explain

Start Date Available for work: Shifts able to work: 0000-0800 0800-1600 1600-2400

Number of shifts per week able to work:

Are you willing to work a minimum of one weekend per month? YES NO

Are you willing to work occasional holidays? YES NO

LICENSURES AND CERTIFICATIONS:

Discipline: Number: State:

Discipline: Number: State:

Discipline: Number: State:

CPR Certification: Date:

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give St. Croix Valley SART, Inc. the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from the liability of SART and its representatives for seeking gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

*Required for Background Check

SIGNATURE OF APPLICANT: _____

Date:



APPLICATION FOR EMPLOYMENT

SKILLS AND QUALIFICATIONS:

Forensic Nursing/SANE Education? Yes No

Education source/provider:

Date

Have you practiced as a forensic nurse/SANE? Yes No

Dates:

Program:

Address:

City/State/Zip:

Name of Program Coordinator:

Phone number:

References: Please print the name, full address, phone number and relationship of two references (preferably one professional and one personal) who have known you for more than one year. Please do not list relatives.

1) Name: _____

LAST

FIRST

MIDDLE

Address: _____

STREET

CITY

STATE

ZIP CODE

Telephone #

Relationship:

2) Name: _____

LAST

FIRST

MIDDLE

Address: _____

STREET

CITY

STATE

ZIP CODE

Telephone #

Relationship: