Friendship Nursing Registry

1254 S. Waterman Ave., Bldg. A. Ste 5 San Bernardino CA 92408
Phone/Fax: (909) 890-0625 Cell Phones: (909) 709-3209;(909) 771-8809

APPLICATION FOR EMPLOYMENT

Please complete the following application in its entirety. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, religion, national origin, ancestry, marital status, sex, age, physical or mental handicaps or disability. Your application will be considered with others who have applied for the position in which you are interested. In order for full consideration to be given to your application, all questions must be answered.

EMPLOYMENT DESIRED

Position: _____

Full Time: _____Part Time_____ Shift Desired: 1st Shift 2nd Shift 3rd Shift

PERSONAL INFORMATION

Name: (last, First, Middle)_____ Social Security #:

Present Address: (Street, City, State, And Zip):_____

Telephone: (include Area Code): ( ) _____Message Phone: ( ) _____

Are you over eighteen years old of age? _____

Have you been convicted by any court of a crime other than a minor traffic violation? __YES ___No

The applicant shall note that the existence of a conviction will not necessarily disqualify applicant from the position applied for herein.

If you are selected for employment, you will be required to produce original or certified document establishing your identity and employment on the date of hire.

Can you, after employment, submit verification of your legal right to work in the United States?____

How did you learn this position?

_____Newspaper _____ Job Referral Service ____ Other

____ Referred by another Employee (Name of the Employee _____)

EDUCATION:

NAME OF SCHOOL AND ADDRESS	GRADUATED		NUMBER OF COLLEGE CREDIT HOURS	MAJOR	AVERAGE
	YES	NO			
JUNIOR HIGH					
HIGH SCHOOL					
COLLEGE					
OTHER					

DATE AVAILABLE TO START

DAYS AND HOURS AVAILABLE TO WORK	DAY	SUNDAY	MONDAY	TUESDAY	WEDSNEDAY	THURSDAY	FRIDAY	SATURDAY
	FROM							
	TO							