



Advance Nursing
 1328 Miller Road
 Greenville, SC 29607
 Toll-free: 1-888-440-1770
 www.advancenursing.com

Application Checklist

Please make sure to include the following information with your application packet.

Please check the appropriate boxes. NAME: _____

| | | | | | |
|--------------------------|--|-----------|-----------|-----------|-----------|
| <input type="checkbox"/> | ADVANCE NURSING EMPLOYMENT APPLICATION | | | | |
| <input type="checkbox"/> | Resume (optional) | | | | |
| <input type="checkbox"/> | Work History | | | | |
| <input type="checkbox"/> | Past Work Experience/JCAHO Form | | | | |
| <input type="checkbox"/> | Skills Checklist Form RN or LPN | Specialty | Specialty | Specialty | Specialty |
| <input type="checkbox"/> | Skills Checklist/Competency Form | | | | |
| <input type="checkbox"/> | Annual Physical/Bloodborne Pathogen Form | | | | |
| <input type="checkbox"/> | Work Reference Form #1 | | | | |
| <input type="checkbox"/> | Work Reference Form #2 | | | | |
| <input type="checkbox"/> | Criminal Background/Drug Screen/Worker's Comp Form | | | | |

PLEASE MAKE SURE TO INCLUDE COPIES OF THE FOLLOWING:

| | ACLS expires: &/or BLS expires: | STATE | DATE EXPIRES | STATE | DATE EXPIRES |
|--------------------------|---|------------|--------------|-------|--------------|
| <input type="checkbox"/> | Other certifications: expires: | | | | |
| <input type="checkbox"/> | Nursing License(s) (include copy of front & back) | | | | |
| <input type="checkbox"/> | Licenses cont'd | | | | |
| <input type="checkbox"/> | Licenses cont'd | | | | |
| <input type="checkbox"/> | Driver's License or Valid ID card (current) | | | | |
| <input type="checkbox"/> | Social Security Card or Birth Certificate | | | | |
| <input type="checkbox"/> | Immunization Records including: | Date Given | | | |
| <input type="checkbox"/> | Chicken Pox/Varicella | | | | |
| <input type="checkbox"/> | MMR (Measles/Mumps/Rubella) | | | | |
| <input type="checkbox"/> | PPD or Chest Film X-Ray | | | | |

The forms and information listed above are required for a complete application. Use this checklist to ensure you are including all the required information for an application prior to mailing it back to us. Partial applications are welcome. *All that is needed to initiate the application process is a completed application and a copy of your nursing license.* However, a current and complete application is required to start of an assignment. **Please return this form along with your application and retain a copy for your records.** Thank you.

Application complete as of: _____