



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

Work History

Applicant's Name: _____

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer. Are you employed now? Yes No
If so, may we contact your present employer? Yes No

Facility/employer _____ Dept _____
Street Address _____ City _____ State _____ Zip Code _____
Dates Employed: From _____ To _____ Reason for Leaving _____
Position Held _____ Specialty _____
Supervisor's Name & Title _____ Phone _____
Travel Assignment? Yes _____ No _____ Local Staff Agency? Yes _____ No _____

Facility/employer _____ Dept _____
Street Address _____ City _____ State _____ Zip Code _____
Dates Employed: From _____ To _____ Reason for Leaving _____
Position Held _____ Specialty _____
Supervisor's Name & Title _____ Phone _____
Travel Assignment? Yes _____ No _____ Local Staff Agency? Yes _____ No _____

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Position Held _____ Specialty _____
Supervisor's Name & Title _____ Phone _____
Travel Assignment? Yes _____ No _____ Local Staff Agency? Yes _____ No _____

Other names under which you have been employed : _____

Please account for gaps in your employment history (use separate sheet of paper).

I attest that the information provided in the application for employment with *Advance Nursing* is true, correct and complete. I acknowledge that any misstatement or omission of fact on the application may result in my disqualification from employment with *Advance Nursing*. I authorize *Advance Nursing* to release this application and reference information to *Advance Nursing* Client institutions, only after receiving express written or verbal consent for each assignment opportunity. I understand that by giving *Advance Nursing* permission to submit my application for assignment opportunities, I am also agreeing to any criminal background investigation that may be required by certain states of Client institutions.

Signature

Date