

SOVEREIGNCARE NURSING

Nurse / CNA Application

Thank you for your interest in joining SovereignCare Nursing. Please complete this application fully and accurately. Submission of this application does not guarantee employment.

Personal Information

Full Name

Phone Number

Email Address

City, State

Full Name	
Phone Number	
Email Address	
City, State	

Professional Information

Position Applying For (CNA / LPN / RN)

License or Certification Number

State of Licensure

Years of Experience

Position Applying For (CNA / LPN / RN)	
License or Certification Number	
State of Licensure	
Years of Experience	

Availability

Preferred Shifts (Days / Evenings / Nights / Weekends)

Preferred Shift Length (8 hrs / 12 hrs / Flexible)

Preferred Shifts (Days / Evenings / Nights / Weekends)	
Preferred Shift Length (8 hrs / 12 hrs / Flexible)	

Employment Eligibility

Authorized to work in the U.S.? (Yes / No)

Willing to undergo background check and drug screening? (Yes / No)

Authorized to work in the U.S.? (Yes / No)	
Willing to undergo background check and drug screening? (Yes / No)	

Additional Information

Additional Comments or Questions

Additional Comments or Questions	
----------------------------------	--

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in disqualification or termination.

Applicant Signature

Date