

# 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

### Professional Information

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)

### Employment Eligibility

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

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### 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

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Date

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