

## EMPLOYMENT APPLICATION – INTERNATIONAL

***(APPLICANT - PLEASE COMPLETE YOUR INFORMATION, EITHER BY TYPING, OR PRINT CLEARLY)***

### **BACKGROUND**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Maiden Last Name (if married): \_\_\_\_\_

Citizenship (Country): \_\_\_\_\_

Complete Current Address (include zip code): \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Home Phone (include area code): \_\_\_\_\_ Cell

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **ELGIBILITY**

Have you passed your US nursing licensure Exam (NCLEX-RN)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please specify the US State of your NCLEX-RN (example: New York): \_\_\_\_\_

Date of your nursing licensure exam (month, year): \_\_\_\_\_

Have you obtained your Visa Screen Certificate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **US VISA STATUS**

Are you currently a US Permanent Resident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you currently have any type of US Visa (example: Student or Tourist visa)? Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, please specify what type of US visa: \_\_\_\_\_

### **EDUCATION**

*College (Please start from the highest degree that you have completed)*

Complete School Name: \_\_\_\_\_

Degree obtained: \_\_\_\_\_  
Field of Study (Major): \_\_\_\_\_  
From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): .

***Others/College/Vocational school (including Associates Degree, if applies):***

Complete School Name: \_\_\_\_\_

Degree obtained: \_\_\_\_\_  
Field of Study (Major): \_\_\_\_\_  
From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): .

**WORK EXPERIENCE** (Instruction: please indicates only your current nursing related experiences; start from the most recent job). **If you have your resume, please submit it with this application.**

1. Company: \_\_\_\_\_  
Department (nursing specialty): \_\_\_\_\_  
Job Title: \_\_\_\_\_

Complete address: \_\_\_\_\_

From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): .  
Specify Duties performed: \_\_\_\_\_

2. Company: \_\_\_\_\_  
Department (nursing specialty): \_\_\_\_\_  
Job Title: \_\_\_\_\_

Complete address: \_\_\_\_\_

From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): .  
Specify Duties performed: \_\_\_\_\_

***Applicant's Signature:*** \_\_\_\_\_

***Date of the Application:*** \_\_\_\_\_