



Wellspring Nurse Source is a drug free workplace and an Equal Opportunity Employer

Human Resources Department

223 Williamson Road, Suite 205
 Mooresville, NC 28117
 866-931-0521
 888-247-3137 FAX

Personal Information
 Please complete all sections

Position Desired: Date Available:
 Last Name: First Name: M.I.
 Street Address: City: State/Zip
 Home Phone: () Alternate Phone: ()
 E-mail Address:
 Years of Experience: Last 4 digits of Social (facility requirement) :

Education & Skills

Level of education completed: High School [] GED [] College 0-3 yrs [] College 3+ yrs []
 Degree : Certificate [] Associates [] Bachelors [] Masters []
 Specify major:

Do you currently have a valid healthcare provider license or certification?
 Yes [] No []
 Type :
 Multi-State/Compact? Yes [] No [] States Licensed in:

Has your license or certification ever been declined, suspended or investigated in any state?
 Yes [] No []

Please check which Certifications you Currently hold:
 BLS/CPR(AHA) [] ACLS(AHA) [] PALS [] TNCC [] NIH [] Fetal Monitoring [] NRP [] ENPC []
 Other:

Do you have a valid Driver's License? Yes [] No []

Has your Driver's License ever been suspended or revoked in any state, or have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation?
 Yes [] No [] If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office. (please provide an explanation letter)

Have you ever served in the military? Yes [] No []

Do you speak any other language(s)? Yes [] No [] If so, please specify:

Do you have the legal right to obtain employment in the United States? Yes No

Can you perform the essential functions and responsibilities of the position for which you are applying? Yes No

If not, explain:

Do you require any special accommodation to perform required duties? Yes No

If yes, explain:

Have you ever worked for WNS or the facility for which you are applying? Yes No

If so, please give date(s) of employment and position(s) held:

References

Please provide at least three recent supervisors with whom a reference interview can be conducted and who have knowledge of your background and qualifications in the field. (Charge, Director, Supervisor, Lead, Preceptor, or Manager). Please give the references full name and the information listed below:

1. _____
Reference Name / Supervisor Title Facility

Email (if possible) Phone Number
2. _____
Reference Name /Supervisor Title Facility

Email (if possible) Phone Number
3. _____
Reference Name /Supervisor Title Facility

Email (if possible) Phone Number

Emergency Contact Information

Please provide emergency contact(s) information that we can reach out to should anything happen to you while on assignment:

1. _____
Name Phone Number
2. _____
Name Phone Number
3. _____
Name Phone Number

I hereby certify that ALL information I have provided to Wellspring Nurse Source on this Application is true and accurate. I understand and acknowledge that any Misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Signature: _____ **Date:** _____