



# Background Check for Nursing Positions

\_\_\_\_\_  
 First Name                                      Last Name                                      Middle Initial                                      Social Security No.                                      Date of Birth

\_\_\_\_\_  
 Other Name(s)                                      Telephone No.                                      Email

**Please list all addresses for the past ten years. If more than three, please use the reverse side of this form.**

1) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To \_\_\_\_\_

2) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To \_\_\_\_\_

3) \_\_\_\_\_  
 Full Street Address, City, State                                      From - To \_\_\_\_\_

**Current/Previous Employment-Please list employment starting with the most current:**

1) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:  Full-Time                                       Part-Time                                       Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

2) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:  Full-Time                                       Part-Time                                       Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

3) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:  Full-Time                                       Part-Time                                       Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**                                       YES                                       NO

**Complete only if applying for a position which requires a valid license:**                                      \_\_\_\_\_  
 Driver's License Number                                      State Issued

**Please list the highest education completed:**

\_\_\_\_\_  
 Name of School or University                                      Address

\_\_\_\_\_  
 Degree or Diploma                                      Date Awarded                                      Name Under Which Attended

**Professional License or Certificate:**

\_\_\_\_\_  
 License/Certificate Number                                      State Issued                                      Type of License/Certificate                                      Expiration Date

\_\_\_\_\_  
 License/Certificate Number                                      State Issued                                      Type of License/Certificate                                      Expiration Date

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**Additional Previous Employment:**

4) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:     Full-Time         Part-Time         Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

5) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:     Full-Time         Part-Time         Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

6) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:     Full-Time         Part-Time         Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

7) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:     Full-Time         Part-Time         Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

8) \_\_\_\_\_  
 Employer                                      Full Street Address, City, State                                      Phone Number

\_\_\_\_\_  
 Your Title                                      Supervisor's Name & Phone Number                                      Dates Employed: From - To

Status:     Full-Time         Part-Time         Per Diem                                      If Part-Time or Per Diem, how many working days per week: \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HUMAN RESOURCES USE ONLY**

*Select report type and screening level by placing a check in the appropriate box.*

	<b>NEWARK</b>	
<input type="checkbox"/> <b>470 Regular Staff</b>		
<input type="checkbox"/> <b>Level I</b>	<input type="checkbox"/> <b>Level II</b>	<input type="checkbox"/> <b>Level III</b> <input type="checkbox"/> <b>Level IV</b> <input type="checkbox"/> <b>Level VI</b>

**Human Resources Generalist:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments:**