

Priorities, Inc.
 A non-profit 501(c)(3) organization
 1535 Plumas Court, Suite A
 Yuba City, CA 95991



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www.prioritiesinc.us mgilbert@theomg.us

APPLICANT NAME: _____
 Address: _____
 How long at this address? _____
 Previous Address: _____
 Phone # _____
 DL# _____ Class _____ Nursing License # _____ Exp. _____

DATE: _____	POSITION APPLIED FOR: _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> On Call <input type="checkbox"/> Days Available: S M T W Th F Sa Shifts Available: AM PM Noc
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EMPLOYMENT HISTORY
 PLEASE PUT PRESENT OR MOST RECENT FIRST
 MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES NO

1. NAME OF EMPLOYER: _____ POSITION: _____
 ADDRESS: _____ START DATE: _____ END DATE: _____
 PHONE # _____
 SUPERVISOR: _____
 DUTIES: _____

 REASON FOR LEAVING: _____

2. NAME OF EMPLOYER: _____ POSITION: _____
 ADDRESS: _____ START DATE: _____ END DATE: _____
 PHONE # _____
 SUPERVISOR: _____
 DUTIES: _____

 REASON FOR LEAVING: _____

3. NAME OF EMPLOYER: _____ POSITION: _____
 ADDRESS: _____ START DATE: _____ END DATE: _____
 PHONE # _____
 SUPERVISOR: _____
 DUTIES: _____

 REASON FOR LEAVING: _____

EDUCATION

HIGH SCHOOL NAME AND LOCATION:

COMMUNITY COLLEGE ATTENDED:

DEGREE:

UNIVERSITY ATTENDED:

DEGREE:

TRADE SCHOOL/ OTHER TRAINING/ COURSES/ SPECIALIZATION:

REFERENCES

OTHER THAN RELATIVES OR CURRENT EMPLOYEES OF THE FACILITY

Name	Occupation	Relationship	Phone

OTHER

AWARDS/ ACHIEVEMENTS/ CERTIFICATES:

HOBBIES AND INTERESTS:

ADDITIONAL COMMENTS OR REMARKS

I AGREE TO PROVIDE A HEALTH SCREEN OR PHYSICAL EXAM
RELATED TO THE ESSENTIAL REQUIREMENTS OF THE POSITION

YES NO

I AGREE TO BE FINGERPRINTED AND WILL SIGN A CRIMINAL
RECORD STATEMENT FOR A BACKGROUND CHECK

YES NO

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge, and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last know address.

I give consent for an agent of the company to obtain such personal and job related information as required in connection with this application.

DATE: _____ SIGNATURE: _____