



Region: _____

PICC Nurse _____ IV Nurse _____

Employment Application

It is the policy of VIC THE PICC, SOUTHWEST, LLC to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religion, gender, sex, age, national origin, physical or mental disability, pregnancy, mental status, military service, or any other basis prohibited by federal, state law.

This form is a professional document - it must be complete, true and accurate. Falsification of professional documents by omission or false statements is an offense reportable to the State Board.

Applicant Information:

Name (Last):	Name (First):	Name (Middle):	
Social Security #:		Driver License #:	
Professional Designation If Applicable (i.e. RN, LVN, PICC, etc.):			
Home Address			
City:		State:	Zip:
E-Mail:			
Telephone (Home):	Telephone (Work):	Telephone (Mobile):	

Education – Degree / Certification:

RN [], PA [], NP [], MA [], PICC [] Other: _____

Professional License:

State:	License #:	Expiration Date:
State:	License #:	Expiration Date:
State:	License #:	Expiration Date:

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Special Certifications:

CPR/BLS Expiration Date:

Other (Please specify):

Education:

	School Name	Location	Program	Graduate	Degree
College University				YES [] NO []	
College University				YES [] NO []	
College University				YES [] NO []	
Business Trade/Tech				YES [] NO []	
High School				YES [] NO []	
Have you ever held a nursing license under any other name? If "Yes" list name:					YES [] NO []
May we contact your current employer					YES [] NO []

PLEASE PRINT CLEARLY. LIST ALL FULL AND PART-TIME EMPLOYMENT DURING THE PAST SEVEN (7) YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYER. If you have had more than five (5) employers during the past seven (7) years, please use the back of this form. Resumes are accepted but do not replace this application.

Employment History: #1

Employer Name:	Address:
City/State/Zip:	Position Held:
Supervisors Name:	Telephone:
Dates Employed (Start):	Last Date Employed (End):
Reason For Leaving:	
Duties:	

Employment History: #2

Employer Name:	Address:
City/State/Zip:	Position Held:
Supervisors Name:	Telephone:
Dates Employed (Start):	Last Date Employed (End):
Reason For Leaving:	
Duties:	

Employment History: #3

Employer Name:	Address:
City/State/Zip:	Position Held:
Supervisors Name:	Telephone:
Dates Employed (Start):	Last Date Employed (End):
Reason For Leaving:	
Duties:	

Employment History: #4

Employer Name:	Address:
City/State/Zip:	Position Held:
Supervisors Name:	Telephone:
Dates Employed (Start):	Last Date Employed (End):
Reason For Leaving:	
Duties:	

Employment History: #5

Employer Name:	Address:
City/State/Zip:	Position Held:
Supervisors Name:	Telephone:
Dates Employed (Start):	Last Date Employed (End):
Reason For Leaving:	
Duties:	

Professional References: Please list three professional references

Reference Name	Relationship	Email	Phone #	# Years Known

I, the undersigned, do hereby certify by my signature on this document that I am able without limitation to practice and perform all of the duties of my professional designation. Furthermore the statements herein are true and complete to the best of my knowledge. I understand that falsification will be basis for disqualification or termination and as applicable activate a report to the State Board (s). I the undersigned do hereby request, direct and give permission to any and all physicians, RNs, contractors, employers, and their employees, agents, designated or authorized representatives to release any and all information concerning my performance, conduct, and professional practice known to them, and I agree to hold harmless from liability for any cause, except willful falsification of data, arising from the releases and use of said information those who provide said information and those to whom this information is provided. I authorize the retention of information relating to my previous, current and future positions in the company database, and the use of this information in Quality Assurance Activities permitted by law.

I agree and understand that representatives of VIC THE PICC, SOUTHWEST, LLC, may investigate my background to ascertain and obtain any and all information of concern to my record, whether same is of record or not, including without limitation to matters of public record. "Public records" are defined as "records documenting arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." I understand and agree that I have a right to receive a copy of such public record information directly obtained by VIC THE PICC. I understand and agree that I will not receive a copy of such public record information if I check the box below waiving my right to such information. I release VIC THE PICC, its employees and all persons from any liability for furnishing such information.

I waive my right to a copy of public record information obtained by VIC THE PICC, SOUTHWEST, LLC.
 (please initial appropriate box) Yes NO

I agree and understand that this Application for Employment in no way obligates VIC THE PICC to employ me. Offers of employment are conditional and contingent upon the successful completion of a pre-employment drug test and background investigation.

Signature

Date