

# OVERSEAS MANPOWER SOLUTIONS, CORP.

Nurse Employment Application



| APPLICANT INFORMATION                             |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
|---|--|----|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|-------------|----------------|--|---------------|--|--|
| Last Name   |  |    |                              | First                       |                           |                              |                             | Middle Name |                |  |               |  |  |
| Street Address                                    |  |    |                              |                             |                           | Apartment/Unit #             |                             |             |                |  |               |  |  |
| City  |  |    |                              | Province                    |                           |                              |                             | ZIP         |                |  |               |  |  |
| Phone   |  |    |                              | E-mail Address              |                           |                              |                             |             |                |  |               |  |  |
| Passport Number                                   |  |    |                              | Viber                       |                           |                              |                             | Skype       |                |  |               |  |  |
| Other Contact info                                |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| Have you applied for CGFNS Visa Screen?           |  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, file number       |                              |                             |             |                |  |               |  |  |
| Have you ever applied to a State Board?           |  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, which?             |                              |                             |             |                |  |               |  |  |
| Have you taken TOEFL/IELTS?                       |  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, Login Information |                              |                             |             |                |  |               |  |  |
| If Yes, what was your score?                      |  |    | Listening _____              |                             | Reading _____             |                              | Writing _____               |             | Speaking _____ |  | Overall _____ |  |  |
| EDUCATION   |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| High School                                       |  |    |                              | Address                     |                           |                              |                             |             |                |  |               |  |  |
| From  |  | To |                              | Did you graduate?           |                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree      |                |  |               |  |  |
| College   |  |    |                              | Address                     |                           |                              |                             |             |                |  |               |  |  |
| From  |  | To |                              | Did you graduate?           |                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree      |                |  |               |  |  |
| Other   |  |    |                              | Address                     |                           |                              |                             |             |                |  |               |  |  |
| From  |  | To |                              | Did you graduate?           |                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree      |                |  |               |  |  |
| REFERENCES  |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| <i>Please list three professional references.</i> |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| Full Name   |  |    |                              | Relationship                |                           |                              |                             |             |                |  |               |  |  |
| Company   |  |    |                              | Phone                       |                           |                              |                             |             |                |  |               |  |  |
| Address   |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| Full Name   |  |    |                              | Relationship                |                           |                              |                             |             |                |  |               |  |  |
| Company   |  |    |                              | Phone                       |                           |                              |                             |             |                |  |               |  |  |
| Address   |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |
| Full Name   |  |    |                              | Relationship                |                           |                              |                             |             |                |  |               |  |  |
| Company   |  |    |                              | Phone                       |                           |                              |                             |             |                |  |               |  |  |
| Address   |  |    |                              |                             |                           |                              |                             |             |                |  |               |  |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |               |
|---|-----------------|--------------------|---------------|
| Company   |                 | Phone              |               |
| Address   |                 | Supervisor         |               |
| Job Title   | Starting Salary | \$                 | Ending Salary |
| Responsibilities  |                 |                    |               |
| From  | To              | Reason for Leaving |               |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |               |
| Company   |                 | Phone              |               |
| Address   |                 | Supervisor         |               |
| Job Title   | Starting Salary | \$                 | Ending Salary |
| Responsibilities  |                 |                    |               |
| From  | To              | Reason for Leaving |               |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |               |
| Company   |                 | Phone              |               |
| Address   |                 | Supervisor         |               |
| Job Title   | Starting Salary | \$                 | Ending Salary |
| Responsibilities  |                 |                    |               |
| From  | To              | Reason for Leaving |               |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |               |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**INTERVIEW NOTES**

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|