

Employment History

Begin with most recent employer first:

1. _____
Employer Address

Job Title Duties

Dates of Employment Reason for Leaving

2. _____
Employer Address

Job Title Duties

Dates of Employment Reason for Leaving

3. _____
Employer Address

Job Title Duties

Dates of Employment Reason for Leaving

Miscellaneous

Will it be necessary for you to apply for financial aid? _____ Yes _____ No

Have you applied to another nursing program? _____ Yes _____ No

If yes, indicate the name of nursing school and check type of program (RN or Practical Nursing):

PN Application, 3

References*

Complete the following information on three references (**no relatives**).

Name	Address	Telephone

***Mail letters of reference directly to United School of Practical Nursing.**

Background

Have you ever been convicted, pled guilty, or pled no contest to a felony or misdemeanor?
_____ Yes _____ No

If, yes, please give detailed explanation:

NOTE: In accordance with the West Virginia Board of Examiners for Licensed Practical Nurses: The Board reserves the right to refuse to admit applicants to the licensure examination who have been convicted of a felony, are habitually intemperate, addicted to the use of habit forming drugs, or are mentally incompetent.

It is the policy of United Technical Center not to discriminate on the basis of sex, handicap, race, color, or national origin, according to Title IX, Section 504, and Title VI. All candidates are subject to background check.

Signature of Applicant _____ Date _____

Print Name _____