

EMPLOYMENT APPLICATION



7875 EAST 51<sup>ST</sup> STREET SUITE N-3  
TULSA OKLAHOMA 74145  
918-743- 9810 FAX 742-8885  
  
www.vnatulsa.org

DATE APPLIED: \_\_\_\_\_ RESPONDING TO AD FOR: \_\_\_\_\_

APPLICANT NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERMANENT ADDRESS:

STREET		
_____		
CITY	STATE	ZIP

APPLYING FOR POSITION OF:

- REGISTERED NURSE
- LICENSED PRACTICAL NURSE
- CERTIFIED HOME HEALTH AIDE
- CLERICAL (OTHER)

ARE YOU CURRENTLY LICENSED OR CERTIFIED IN THE STATE OF OKLAHOMA?

- YES
- NO

WILL YOU ACCEPT EMPLOYMENT

- FULL TIME
- PART TIME

**PLEASE BRIEFLY DESCRIBE YOUR PAST WORK EXPERIENCE.**

Please email resume as an attachment on fax to the number noted above: attention human resources.