

CURRENT/PREVIOUS EMPLOYMENT RECORD

Employer Name:

Dates To/From:

Position Held:

Responsibilities of this position:

Reason for Leaving:

Employer Name:

Dates To/From:

Position Held:

Responsibilities of this position:

Reason for Leaving:

Employer Name:

Dates To/From:

Position Held:

Responsibilities of this position:

Reason for Leaving

Are you a registered to practice as a Registered/Enrolled Nurse in NSW? Yes No

Registration No:

Expiry Date:

EMPLOYMENT REFEREE (PROVIDE AT LEAST TWO REFEREES, YOUR MOST RECENT EMPLOYER SHOULD BE ONE)

Name:

Organisation:

Relation to you:

Contact Number:

Name:

Organisation:

Relation to you:

Contact Number:

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that police checks will be conducted prior to employment being offered.

Signed: _____ Date: _____