

POSITION REQUEST FORM

PLEASE **CIRCLE** POSITION CATEGORY:

RN

NON-RN

DATE OF HIRE: _____

EMPLOYEE NAME: _____

EMPLOYEE #: _____

CELL PHONE #: _____

HOME PHONE #: _____

POSITION REQUESTED: _____

POSITION NUMBER: ____ - ____ - ____ - ____ - ____

HOW WOULD YOU PREFER TO BE NOTIFIED OF SELECTION OR NON-SELECTION? (Please Check)

____ EMAIL ADDRESS: _____

____ US POSTAL MAIL ADDRESS: _____

CURRENT POSITION INFORMATION:

JOB TITLE: _____

DEPARTMENT: _____

SHIFT: _____ (Day, Evening, Night)

STATUS: _____ (Full Time, Part Time, Per Diem)

EMPLOYEE QUALIFICATIONS:

HIGHEST LEVEL OF EDUCATION: _____

HIGHEST LEVEL OF NURSING DEGREE: _____ (ASN, BSN, MSN)

LICENSES/CERTIFICATIONS: _____

LIST ADDITIONAL EXPERIENCE RELATED TO POSITION REQUESTED: _____

FOR RN POSITION REQUESTS ONLY:

LIST ADDITIONAL UNIT RESPONSIBILITIES (*within last 12 months, please indicate if you do any or all of the following on your unit. One point for each of the following areas with a maximum of 3 points*):

____ SCHEDULING ____ QA ____ PRECEPTOR

____ RESOURCE NURSE (skin care, diabetes, or other) List other: _____

COMMITTEE ASSIGNMENTS (TQM, JOINT PRACTICE, DOCUMENTATION) OR OTHER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____