

**SALINE COUNTY CAREER CENTER
PRACTICAL NURSING PROGRAM**

900 WEST VEST
MARSHALL MO 65340
660-886-6958 Office
660-886-3092 Fax

Applicant Last Name	First Name	Middle	Maiden
---------------------	------------	--------	--------

Address	City	State	Zip
---------	------	-------	-----

Home Phone	Work Phone	Other
------------	------------	-------

Cell Phone	Email Address
------------	---------------

Do you have a High School Diploma? ___ No) ___ Yes) Date _____ State _____

Name & Address of High School _____

Do you have a GED? ___ No) ___ Yes) Date _____ State _____ Certificate _____

The Missouri State Board of Nursing determines eligibility for a license.

Section 335.006, RSMo, lists reasons for which you may be denied a nursing license.

I hereby certify that my answers to all questions herein are true and complete:

Saline County Career Center has my permission to communicate with present and past employers, (except as indicated previously) and the schools I have attended, in determining my qualifications for acceptance.

Applicant Signature

Date

POST SECONDARY EDUCATION

List in order starting with the most recent educational institution attended.

School	Address	Date attended	Degree

EMPLOYMENT HISTORY

List in order starting with the most recent employer.

Name/Address of employer	Date employed	Supervisor's name/title	Your title/ reason for leaving

Please indicate any employer that you do not wish to have contacted at this time and why:

Equal Opportunity Entity