

APPLICANT INDICATOR FORM

Date: _____ **Applicant** _____

RN (Degree_____) **LPN** **SNT** **New Graduate** **VA Employee**

Preferred Tour:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Day/Evening | <input type="checkbox"/> Straight Evenings | <input type="checkbox"/> Straight Nights |
| <input type="checkbox"/> Day/Nights | <input type="checkbox"/> Evening/Nights | <input type="checkbox"/> No preference |

Preferred FTE:

- Full Time Part-time: Specify _____

What clinical area(s) are you most interested in? (Number in order of interest i.e. #1, #2)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Polytrauma/Acute Rehab | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Transitional Care | <input type="checkbox"/> Surgery/Orthopedics |
| <input type="checkbox"/> Medicine/Oncology | <input type="checkbox"/> Medical Stepdown | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Home Care |
| <input type="checkbox"/> Operating Room/Recovery | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Research | <input type="checkbox"/> MICU |
| <input type="checkbox"/> Primary Care Clinic | <input type="checkbox"/> Urgent Care/ER | <input type="checkbox"/> Management | <input type="checkbox"/> SICU |
| <input type="checkbox"/> Surgical Specialty Clinic | <input type="checkbox"/> Float Pool | <input type="checkbox"/> CI/UR/Education | <input type="checkbox"/> No Preference |

What clinical areas have you worked on in the past 5 years?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Polytrauma/Acute Rehab | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Transitional Care | <input type="checkbox"/> Post Surgery |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Subacute/Stepdown | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Home Care |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Operating Room | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Research | <input type="checkbox"/> MICU |
| <input type="checkbox"/> Recovery | <input type="checkbox"/> Outpatient Surgery | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Clinic type _____ | <input type="checkbox"/> Urgent Care/ER | <input type="checkbox"/> Management | <input type="checkbox"/> SICU |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Education/CI | <input type="checkbox"/> ICU |
| VA Location _____ | <input type="checkbox"/> Vets Home | <input type="checkbox"/> New Grad | <input type="checkbox"/> Agency |

1. Why did you want to leave your current job? Why did you leave previous jobs?

2. In which of the following settings do you function best? Why?

- High pace and high stress _____
- Moderate pace _____
- Slow pace _____
- Working independently _____
- Working as part of a team _____
- Relaxed setting _____
- Sit down job _____

3. Are you currently in school? Yes ___ No ___ Scheduling Needs _____

4. How did you hear about the VA? VA Employee Other Contact VA Web Site Job Fair
 School Fair USA Jobs VA Careers Careerbuilder Minnesota Hospitals Specialty Website
 Star Tribune Pioneer Press Local Newspaper Journal Other _____

5. Did you download an application from the web site? Yes ___ No ___

6. Please list requests for vacation, military, or sick leave (subsequent requests may not be considered if not stated here) _____
