



Do you have experience as a registered nurse working in a Pediatric setting?

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If hired, do you have family members that will accompany you at camp? Please list all family member and any accommodations they will need while at camp.

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Availability (please circle one): 12 hour day shift                      12 hour night shift                      No Preference

**REFERENCES**

Please provide the name, relation, and phone # of your required references; Your reference must be professional. If you would like to send additional references, they may be personal or professional

Name	Relationship	Phone #

1. In the last seven years, have you had any license, certificate or employment; suspended, revoked, terminated or adversely affected?      No \_\_\_\_ Yes \_\_\_\_

If yes, provide a full description including dates and circumstances: \_\_\_\_\_

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2. In the last seven years, have you been convicted of a felony or misdemeanor?      No \_\_\_\_ Yes \_\_\_\_

If yes, provide a full description including dates and circumstances: \_\_\_\_\_

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*(Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying)*

**I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination. I also understand that if submitting this application online, that submitting will constitute my authorizing signature.**

**I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, MedCamps of Louisiana can terminate my employment at any time, with or without reason.**

**I authorize MedCamps of Louisiana or its agents to investigate all statements contained in this application and/or resume including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**