

**CONTINENTAL NURSES**

(888) 894-2900 (phone)

(888) 894-2073 (fax)

**Initial File Submission**

<b>TO:</b>	_____
<b>FACILITY:</b>	_____
<b>FAX NUMBER:</b>	_____
<b>FROM:</b>	_____
<b>DATE:</b>	_____
<b>TOTAL PAGES FAXED:</b>	_____

**AGENCY: CONTINENTAL NURSES**

**PHONE NUMBER: (888) 894-2900**

**APPLICANT PROFILE:**

NAME: \_\_\_\_\_

SPECIALTY (include years of experience): \_\_\_\_\_ CERTIFICATIONS: \_\_\_\_\_

NEW MEXICO LICENSE STATUS: \_\_\_\_\_

NUMBER OF TRAVEL ASSIGNMENTS COMPLETED: \_\_\_\_\_

AVAILABLE TO START: \_\_\_\_\_ SHIFT INTERESTED IN: \_\_\_\_\_

**APPLICANT CONTACT INFORMATION:**

VIA AGENCY: \_\_\_ YES \_\_\_ NO

VIA APPLICANT: \_\_\_ YES \_\_\_ NO

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

\*Best time: \_\_\_\_\_

\*Note: Hospital: please leave clear message with first and last name, facility name, and phone number and best time to call back.

COMMENTS: \_\_\_\_\_

ATTACHED: (1) WORK HISTORY, (2) REFERENCES AND (3) AGENCY SKILLS CHECKLIST