

**USM NURSE ANESTHESIA
ADDITIONAL APPLICANT INFORMATION SHEET**

Please Print Legibly

Name: _____ . Phone # _____ .

Date of Birth: _____ . YRS Experience as RN _____ . YRS Experience in ICU _____ .

Address: _____ . Gender _____ . Race _____ .

_____ . (For Gov't Statistics only)

Current Email Address: _____

Current Employer/Hospital: _____ City _____ State _____

Unit/Department: _____

Current Unit Supervisor: _____

BSN University _____

Please prepare a CV/Resume to be uploaded that includes the following at minimum (if applicable):

- Contact information
- Education history starting with most recent
- Work history starting with current employer and years in each unit
- Volunteer activities
- Committee involvement
- Military involvement
- Certifications and licenses
- Organizational membership
- Awards and Honors
- Collegiate athletic involvement
- Mission work (Local, US, International)
- Names and number for 3 references