



Initial Contact Form

Thank you for inquiring about Nurse Care of North Carolina, an Equal Opportunity Employer. We look forward to working with you!

This form will help us match your skills and interests to available opportunities. Please fax, mail, or e-mail it back to us and one of our recruiters will contact you.

Personal

Name:		Title	
		<input type="checkbox"/> RN	<input type="checkbox"/> LPN
		<input type="checkbox"/> CNA	
Last	First	Middle Initial	
Address: _____			

Apt #: _____	City _____	State _____	Zip _____
Code _____			
Phone & E-mail:			
(Home) _____			
(Cell) _____			
(Other) _____		E- _____	
mail: _____			
Best Time to call: _____			

Experience (1+ Years)

Nurses	CNAs
<input type="checkbox"/> Hospital – Check all Specialties that apply: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Step Down <input type="checkbox"/> Dialysis <input type="checkbox"/> ER <input type="checkbox"/> ICU/CCU <input type="checkbox"/> Cardiac <input type="checkbox"/> OBG <input type="checkbox"/> OR <input type="checkbox"/> Ortho <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psych <input type="checkbox"/> Rehab <input type="checkbox"/> _____ Other _____	<input type="checkbox"/> Med Tech <input type="checkbox"/> CNA 2 <input type="checkbox"/> Tube Feedings <input type="checkbox"/> Special Needs Children <input type="checkbox"/> Hospital Staffing <input type="checkbox"/> Nursing Home Staffing <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Private Duty Only
<input type="checkbox"/> Long-term Care <input type="checkbox"/> Hospice <input type="checkbox"/> Home Health <input type="checkbox"/> Private Duty	

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