



## Preferred Work Area

Please print this page, complete it, and return it with your application. Nursing Supervisors use this form to filter applications for consideration.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Please indicate your first 3 preferences:

Urgent Care Center  
(RNs only)

OR  
(RNs only)

Home Based Primary Care  
(RNs only)

Med/Surg

Ambulatory Surgery

Manager/supervisor  
(RNs only)

Long Term Care  
(Community Living Center)

Mental Health

Hospice/Palliative Care

Outpatient

### I am interested in working:

Full Time

Day Tour Only

Day Tour with Night Rotation

Part Time

Evening Tour Only

Rotate All Shifts

Intermittent (per diem)

Night Tour Only

Any Shift

Weekends Only

Day Tour with Evening  
Rotation

Weekdays Only

Certifications: \_\_\_\_\_