

## NURSING STUDENT INFORMATION SHEET

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Last Day of this Current Clinical Rotation: \_\_\_\_\_

Date of Anticipated Graduation: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

\*\*\* Please note that this information will be shared between the Hillcrest Staffing Office and the Recruitment Office.

\_\_\_\_\_  
Signature

\*\*\* Please forward original copy to Brian Thomas in the Staffing Office and copy to Katie Cwalinski in Recruitment.

