**DEPARTMENT OF VETERANS AFFAIRS**

**TRAVEL NURSE CORPS**

**SCREENING INTERVIEW APPLICANT RESPONSE**

**NAME FULL LEGAL:**

**PERSONAL EMAIL:**

**ADDRESS:**

**CELL PHONE:**

**DO YOU ACCEPT TEXT:**

**DO YOU ACCEPT VOICEMAIL:**

**BEST WAY TO CONTACT:**

**WHEN ARE YOU AVAILABLE TO START?**

**ARE YOU WILLING TO TRAVEL NATIONWIDE?**

**SHIFT PREFERENCES?**

**CURRENT NURSING SPECIALITY (LAST 2 YEARS):**

**HOW MANY YEARS RN (LPN)?**

**RN LICENSE STATE & NUMBER:**

**BLS FROM AHA:**

**ACLS FROM AHA:**

**CERTIFICATIONS:**

**COMMITTEES:**

**CURRENT EMPLOYER:**

**CURRENT SUPERVISOR:**

**CURRENT SUPERVISOR EMAIL:**

**CURRENT SUPERVISOR PHONE:**

**CAN WE CONTACT SUPERVISOR?**

**LIST AND BRIEFLY EXPLAIN ANY HISTORY OF MEDICATION ERRORS:**

**#1. Give an example of a complex problem that you helped to resolve. How was it resolved and what was your role?**

**#2. Tell about a time you were asked to float to an unfamiliar unit. How did you handle that? What happened? How did it turn out? How do you adjust to changes on the job?**

**#3. Tell us about a situation when you did not have the necessary resources or information to complete the task or resolve the issue. How did you handle this situation? What was the outcome? What would you have done differently if you could?**

**#4. We will be verifying your last five years of employment. How will your current and past employers’ rate you?**