

**University of Rochester/Strong Memorial Hospital  
Office of Nurse Recruitment/Marketing  
GN/Registered Nurse Unit Request Form**

Applicant Name: \_\_\_\_\_ Number of Years as RN / LPN: \_\_\_\_\_

*(please circle)*

Telephone Number where you can be contacted during business hours: \_\_\_\_\_

***Please complete the following items if you are a current/previous SMH employee:***

SPAN Level:	_____
Current/Previous Unit:	_____
Years on Current/Previous Unit:	_____
Date of RN/LPN hire at SMH:	_____
Date of hire at SMH (Other, PCT, Secretary, etc.):	_____
Maiden Name/other name employed as (if applicable):	_____

Please check the 3 top Service preferences for employment:

<i>Service Preference:</i>	<i>Place</i>
	✓
Adult Med/Surg	
-Cardiovascular	
-Hematology/Oncology	
-Critical Care	
-Neuro/Musculoskeletal	
-General Med/Surg	
*Emergency Department	
Pediatrics	
Pediatric ICUs	
Pediatric Emergency Department	
Psychiatry	
OB/GYN	
*Ambulatory	
*Operating Room	
*Post Anesthesia Care Unit	
*Strong Surgical Center	

**\* Experienced RN's Only**

Please list your availability for the next three weeks:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_