



Nurse Extern Application

Mayo Foundation is an affirmative action and equal opportunity educator and employer.

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, creed, national origin, age, marital status, religion, or status with regard to public assistance, membership, or activity in a local commission or disability.

Applicant's Anticipated Graduation Date _____

PERSONAL DATA

Name _____
First Middle Last

Present Address _____ Phone _____
Street City State Zip Area Number

Permanent Address _____ Phone _____
Street City State Zip Area Number

Email address _____

Social Security Number _____ - _____ - _____

EDUCATION DATA

	School Name	City & State	Major/Degree
Last High School			
College/ School of Nursing			
Additional Education			

NOTE: If your school or employment records are under another name, please indicate that name: _____

PLEASE NOTE: Nurse Extern participation is a consecutive 10-week summer commitment.

If you are attending a local college and are not offered a Nurse Extern position, would you consider a Patient Care Assistant position during your senior year in the nursing program? ☐ Yes ☐ No

IMPORTANT: Please attach a resume giving your complete employment history, in addition to any experiences, skills, or community activities that you think may be useful for us to know about in evaluating you for employment. Please add one personal and one professional reference that we may contact.

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If not included in your resume, have you ever been employed by Mayo hospitals or Mayo Clinic?

Dates _____ Title _____ Institution Name _____

What was your name when employed? _____

Will you have completed 2 semesters (BSN) or 3 semesters- Block III (ADN)
of clinical nursing experience prior to June of this year? ☐ Yes ☐ No

A current Basic Life Support (BLS) certification is required. Date of last BLS class _____ Date BLS expires? _____

If you do not have a current BLS certification, when will you be certified? Date _____

PLEASE READ CAREFULLY AND SIGN BELOW

Criminal Record

Have you been convicted of anything more than a minor misdemeanor? ☐ Yes ☐ No

(Convictions will not necessarily disqualify you from employment.) If yes, list date and nature of conviction, jurisdiction and terms of sentencing and disposition of case. _____

Conditions of Employment

False Statements: In applying for positions at Mayo Clinic Hospital, I understand that any false statement, misrepresentations, or omission of requested information will disqualify me for employment consideration or cause my subsequent dismissal.

Drug-Free Workplace: It is prohibited to unlawfully use, manufacture, sell, possess, distribute or dispense controlled substances in the workplace. As a condition of employment, each staff member must agree to: 1) Abide by the terms of Mayo Clinic Hospital Alcohol and Substance Abuse Policy (Drug-Free Workplace Requirements); and 2) Notify Mayo Clinic Hospital Human Resources Department of any criminal drug conviction violation within three (3) days after such conviction.

Drivers License: Any employee who drives Mayo vehicles for business purposes is subject to alcohol and drug testing in accordance with the Mayo Clinic Hospital Alcohol and Substance Abuse Policy.

Proof of Citizenship: I understand that I will be required to show proof of citizenship or the legal right to work in the United States within three (3) working days of the hire date.

Authorization: I authorize Mayo Clinic Hospital to investigate all statements on my application materials, including contacting my professional references.

Confidential Information: I understand that, unless authorized, I will not divulge, discuss, or release confidential information concerning patients, employees and Mayo business operations. Unauthorized release of confidential information may be cause for dismissal.

I have read and understand the above statements. I verify that the information I have submitted on this form is accurate and complete. I understand that employment at Mayo is at will, meaning that employment may be terminated at any time by either party. I agree to abide by all policies, regulations, and guidelines established by Mayo Clinic Hospital.

Signature _____ Date Signed _____

DEPARTMENT OF NURSING CLINICAL INTERESTS

- 2 West** Intensive/ Intermediate Care - 20-bed ICU/ 10-bed Intermediate Care Unit
Specialized units for medical and surgical patients requiring intensive care including a variety of medical and surgical diagnoses, cardiac surgery, and liver and renal transplant.
- 3 East** Acute Rehabilitation / Medical/ Surgical Care - 9 skilled nursing beds, 7 rehabilitation beds, 33 medical/surgical beds, specializing in the acute rehabilitative phase of recovery and in the care of patients requiring additional time for recovery, as well as palliative care.
- 3 West** Orthopedics/ Urology/ - 36-bed general medical/surgical unit, specializing in the acute medical and post-operative care of patients with orthopedic, urologic and plastic surgery diagnoses.
- 4 East** Hematology/ Oncology/ Transplant - 30-bed medical/surgical unit, specializing in the care of hematology/oncology, bone marrow transplant, and liver/kidney/pancreas transplant.
- 4 West** Cardiac/ Cardiothoracic Telemetry - 36-bed medical/surgical unit, specializing in the care of patients with cardiac/cardiothoracic diagnoses.
- 5 West** Neurosurgery/ Neurology/ ENT/Plastics – 36 bed general medical/surgical unit specializing in neurosurgery, neurology and ENT diagnoses.
- Emergency Department** Level II Trauma Center, provides emergent care to patients of all age groups and socioeconomic backgrounds with a focus on medical, surgical and trauma populations.
- Telemetry is available to every patient on every acute care unit of Mayo Clinic Hospital.

The following information will help us to match your interests with our needs. It will be used to determine placement for those accepted into the program. **Please rate the following nursing units on a scale from 1-8** according to your personal preference, and understand that we may not meet the first requests of each applicant:

- | | |
|---|--|
| <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Hematology/ Oncology/ Transplant |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Neurosurgery/Neurology/ENT |
| <input type="checkbox"/> Cardiac/ Cardiothoracic/ Telemetry | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Orthopedics/ Urology/ Plastics | <input type="checkbox"/> Acute Rehabilitation/ Medical-Surgical Care |

Indicate your scheduling preference:

☐ 12-hour work shifts days (7 a.m.-7:30 p.m.) ☐ 12-hour work shifts nights (7 p.m.-7:30 a.m.)

☐ 11 a.m. - 11 p.m. (Emergency Department Option)

(This schedule allows for 72 hours of work per two-week pay period.)

☐ 6:45 a.m. – 3:15 p.m. Monday – Friday (Perioperative Services only)

Would you have problems coming to work on certain days? ☐ Yes ☐ No

Please comment on any scheduling preferences you have: _____

Applicant Name: _____

(Please Print Name)

NURSE EXTERN PROGRAM
INTERESTS AND EXPECTATIONS

1. Why do you have an interest in the Nurse Extern program?

2. Please give a brief explanation of your goals and expectations at the completion of the Nurse Extern program.

Applicant Signature_____

School _____