

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Please list all non-English languages spoke and level of fluency (can read/write/speak/listen):

Language 1		Fluency	
Language 2		Fluency	
Language 3		Fluency	

### MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.*

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

### DEADLINES

#### For July 2024 Start Date

Applications will be accepted from March 1, 2024 - May 1, 2024

#### For October 2024 Start Date

Applications will be accepted from May 1, 2024 - August 1, 2024

#### For February 2025 Start Date

Applications will be accepted from August 1, 2024 - December 1, 2024

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## Part 2 - Professional Recommendations

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Submit two letters of recommendation as follows and based upon the definitions below:

- Clinical Faculty
- Clinical Preceptor
- Professional Reference (preferably a manager)

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## Part 3 - Professional Statement & Resume

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In addition to your resume, please include professional statement explaining why you believe you are the best candidate for the nurse residency program for Bergen New Bridge Medical Center. The professional statement must be at least 500 words.

**Please submit the application, letters of recommendation, resume, and professional statement to:**

**Lisa Caruso**

HR Talent Acquisition Partner/Nursing

lcaruso@newbridgehealth.org

Please use "Nurse Residency Program Application for First & Last Name" in the subject line of your email.