

ARKANSAS DEPARTMENT OF HEALTH

Arkansas State Board of Nursing

1123 S. University Ave., Suite 800

Little Rock, AR 72204

501.686.2700 • www.arsbn.org



WORK HISTORY FORM

Complete this work history form and upload in your application. A complete form *includes all nursing and non-nursing positions* that you have held since and including time of license expiration. Account for all time, including periods of unemployment. Use additional paper if space is not adequate. Include signature and date below.

Printed name _____

Address _____ City _____ State _____ Zip _____

Telephone: Home number _____ Cell number _____

Nursing License Number _____ License Expiration Date _____

EMPLOYMENT HISTORY

Employment Date(s)	Employer Name & Address	Job Title	Job Duties Description
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			

Signature

Date