



Employment Application

Thank you for your interest in a Nurse position at Roller Weight Loss and Advanced Surgery. Please fill out this form and submit it along with a copy of your resume via email to ljones@rollerweightloss.com. We appreciate the time you have taken to apply. We are excited to see Team Roller grow!

Personal Information

Name: _____

Email: _____ Phone Number: _____

Work and Education History

What is the highest level of education you have completed? _____

Do you have the following certification: LPN/RN? _____ If so, which? _____

How many years of nursing experience do you have? _____

How many years of relevant experience do you have? _____

Interview Information

When are you available for an interview? Please list 2 - 3 dates and times or ranges of times you are available.
