

MOUNTAINSIDE HOSPITAL SCHOOL OF NURSING  
 1 BAY AVENUE  
 MONTCLAIR, NEW JERSEY 07042

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APPLICATION FOR ADMISSION

Please fill out this form completely and return with **Money Order only** to the School of Nursing.

**PRINT OR TYPE ALL INFORMATION BELOW**

I am interested in Day [ ] Evening [ ] classes. (Please check one)

NAME: \_\_\_\_\_ ( \_\_\_\_\_ )  
                     First                    Middle Initial                    Last                    Maiden Name

ADDRESS: \_\_\_\_\_  
                     Street                                    City                                    State                    Zip Code

Phone/Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ U.S. Citizen \_\_\_ Yes \_\_\_ No

Driver's License # \_\_\_\_\_ Email Address \_\_\_\_\_

Are you an LPN? Yes \_\_\_ No \_\_\_ If yes, License # \_\_\_\_\_

Contact Person Information: \_\_\_\_\_  
   Last Name                    First Name                    Relationship

\_\_\_\_\_ Street                    City                    State            Zip Code            Phone Number

**EDUCATION**

List **ALL** institutions attended, beginning with high school. Official transcripts are required from all institutions in which you were enrolled.

Date of Attendance: \_\_\_\_\_ **Diploma/Degree**

From	To	Institution	Location	Credits

\*Nondiscriminatory Practices: The School of Nursing is open to all qualified students without restriction as to religion, race, color, national origin, age, gender, sexual orientation, marital status or those with disabilities who are able to meet the demands of the program.

## EMPLOYMENT

List all work experiences. Please include volunteer activities.

From	To	Employer	Position	City and State	Reason for Leaving

Please provide the names and addresses of two people who have known you for at least two years and send them **reference forms**. You may include a recent teacher, counselor, employer or clergy.  
**References from family members and/or friends will not be accepted.**

1. Name \_\_\_\_\_ Position or Title \_\_\_\_\_  
 Address \_\_\_\_\_

2. Name \_\_\_\_\_ Position or Title \_\_\_\_\_  
 Address \_\_\_\_\_

***ON ONE SEPARATE PIECE OF PAPER***, type a narrative which includes:

1. Your reasons for selecting nursing as a career.
2. Your reasons for selecting Mountainside Hospital School of Nursing.
3. Your plans and aspirations for the future.
4. Your accomplishments which have given you the greatest satisfaction.
5. Any additional information you feel would support your application.

Have you ever been convicted of a criminal offense?      Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony?                Yes \_\_\_ No \_\_\_

Are there any felony charges pending against you?      Yes \_\_\_ No \_\_\_

If yes to any of the above, provide details including nature of the crime, dates and locations on a separate piece of paper.

Be advised that the New Jersey Board of Nursing requires fingerprinting and a criminal background check in order to be licensed as a Registered Nurse.

I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and /or in interview(s) shall constitute grounds for denying admission or dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if applicant is under 18) \_\_\_\_\_