UNIVERSITY OF RHODE ISLAND
College of Nursing
White Hall

PERSONNEL RESUME – GRADUATE ASSISTANTSHIP

FULL NAME: _____ DATE:_____

HOME ADDRESS: _____ SOC. SEC. NO._____

_____ _____

TELEPHONE: home: _____ work:_____

CITIZEN OF: _____ SEX_____ RACE:_____
(OPTIONAL)

VETERAN: _____

R.N. REGISTRATION: _____

R.N. LIC. NO. FOR R.I.: _____

TIME FOR WHICH ASSISTANT REQUESTED:

_____ _____ Through _____ _____
Month Year Month Year

AND/OR

_____ _____ Through _____ _____
Month Year Month Year

RESEARCH INTERESTS AND SKILLS:

d16
pr.ga