

Application for Employment



COMMUNITY NURSE
& HOSPICE CARE

VISITING NURSE ASSOCIATION SERVING
SOUTHEASTERN MASSACHUSETTS

Applicant Name: _____ **Date:** _____

Position Applied for: _____

Application for Employment

8/06



Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Walk – In Employment Agency Other _____

Name _____
First Middle Last

Address _____ Social Security # _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-Mail address _____

If necessary, best time to call you at home is.....pm

May we contact you at work? Yes No, If yes work number and best time to call ().....

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no please explain.....

Have you submitted an application here before? Yes No, If yes give approximate date & position.....

Have you ever been employed here before? Yes No, If yes give dates and positions.....

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range?..... Per Hour \$.....

Type of employment desired Full Time Part Time Temporary Seasonal Per Diem/On Call

Type of work schedule Days Evenings Split Shifts Nights Weekends

Will you travel if job requires it? Yes No Drivers License # if driving is an essential job function..... State.....

Educational Background (if job related)

A. List last (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree, diploma or certification earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

(A) School	(B) # of Yrs. Completed	(C) Diploma Degree	(D) GPA Class Rank	(E) Major	(F) Minor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Skills and Qualifications

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent.

Employer	Telephone # ().....
Address	Dates of Employment
Starting Job Title/Final Job Title	____/____/____ to ____/____/____
Immediate Supervisor & Title	
Reason For Leaving	Hourly Rate/Salary
May We Contact for Reference? ___ Yes ___ No ___ Later		Start \$.....Finish \$.....
Summarize the type of work performed and job responsibilities.....		
.....		

Employer	Telephone # ().....
Address	Dates of Employment
Starting Job Title/Final Job Title	____/____/____ to ____/____/____
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Immediate Supervisor & Title	
Reason For Leaving	Hourly Rate/Salary
May We Contact for Reference? ___ Yes ___ No ___ Later		Start \$.....Finish \$.....
Summarize the type of work performed and job responsibilities.....		
.....		

List any additional information you would like us to consider.....

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References

List name and telephone number of three business/work references that are *not* related to you. Only if not applicable, include school or personal references that are not related to you.

Name	Telephone:	No. of Years Known
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experiences, Home Health Care, Urgent Care, Senior Care, Pharmacy Service, etc.):

License and Certification Information

List all applicable licenses or certifications that you have and their expiration dates below:

License/Certification	# (if applicable)	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____
License/Certification	# (if applicable)	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____
License/Certification	# (if applicable)	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____
License/Certification	# (if applicable)	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employers service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application resume or job interview. I hereby waive any and all rights an claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations, for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains for up to one year from the date of the application. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with our without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws, require me to complete an I-9 form in this regard.

I also understand that a CORI check will be conducted by the History Systems Board regarding conviction and pending criminal cases only.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____/_____/_____



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PRE-EMPLOYMENT VERIFICATION OF EMPLOYMENT AND REFERENCE CHECK

Dear Employer:

One of your former employees has recently applied for a position with our company. We ask that you verify his/her service and return the form as soon as possible. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Thank you for taking the time needed to complete this form.

AUTHORIZATION:

I hereby authorize you to provide any information you may make available regarding my job performance and character.

Applicants Signature _____ SSN # _____ Date _____

Please verify information below:

Dates of employment: _____ to _____

Position Held: _____ Rate of Pay: \$ _____

Nature of Work & Responsibilities: _____

Would you comment on his/her:

Attendance _____
 Dependability/Reliability _____
 Ability to take on responsibility _____
 Clinical assessment skills _____
 Why did he/she leave the position? _____

Ability to Follow Instructions _____
 Attitude _____
 Work Quality/Quantity _____
 Paperwork _____

Would you rehire this applicant? ___Yes ___No

Additional Notes/Comments:

 Signature Title Date