Please Answer All Questions Completely
Type or print all information

Today's Date ____/____/____ Date Available ____/____/____

Application for Employment

An Equal Opportunity Employer

Visiting Nurse Association

2401 Valley Drive
Valparaiso, IN 46383
(219) 462-5195

NAME (Last, First, Middle) (Maiden Name)

ADDRESS CITY STATE ZIP

(_____)_____ _____
PHONE SOCIAL SECURITY NUMBER

If you cannot be reached at the above phone number, where may we contact you? _____

GENERAL INFORMATION

POSITION APPLIED FOR (PLEASE PUT YOUR CHOICES IN ORDER)

1._____ 3._____

2._____

WHAT EMPLOYMENT ARE YOU SEEKING?

☐ Full-time ☐ Part-time ☐ Temporary ☐ PRN

WHAT SHIFT CAN YOU WORK?

☐ Days ☐ PMs ☐ Nights ☐ Weekends

LANGUAGES (other than English)
THAT YOU READ, WRITE OR SPEAK: _____

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? ☐ YES ☐ NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

_____

HAVE YOU EVER BEEN DISCHARGED FROM A POSITION?

☐ YES ☐ NO If yes, please explain below

_____

HOW DID YOU LEARN OF THE OPENING?

_____

GENERAL AND PROFESSIONAL EDUCATION

	School Name	City & State	Major	Degree/Diploma	Yrs. of School Completed
High School or Equivalent G.E.D.					
College/ University					
Post Graduate					
Technical or Vocational					

ADDITIONAL SKILLS

☐ Typing_____wpm ☐ Medical Terminology ☐ Computer Skills

☐ Specific Computer Skills/Programs_____

☐ Nursing Specialties _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type

State Date No. Expires

Type

State Date No. Expires

PREVIOUS WORK EXPERIENCE (begin with your most recent employment)

From	Employer	Position and Specific Duties	Salary	Reason for Leaving
Month Year To Month Year	Name Address City. State (Area Code) Phone	Name of Last Supervisor	$_____/hr $_____/mo $_____/yr	

From	Employer	Position and Specific Duties	Salary	Reason for Leaving
Month Year To Month Year	Name Address City. State (Area Code) Phone	Name of Last Supervisor	$_____/hr $_____/mo $_____/yr	

From	Employer	Position and Specific Duties	Salary	Reason for Leaving
Month Year To Month Year	Name Address City. State (Area Code) Phone	Name of Last Supervisor	$_____/hr $_____/mo $_____/yr	

From	Employer	Position and Specific Duties	Salary	Reason for Leaving
Month Year To Month Year	Name Address City. State (Area Code) Phone	Name of Last Supervisor	$_____/hr $_____/mo $_____/yr	

CLARIFICATION STATEMENT *(read before signing)*

I certify that all answers and statements contained on this application form are true and correct:

I AUTHORIZE THE INVESTIGATION OF EMPLOYMENT AND EDUCATION REFERENCES AND RELEASE ALL PERSONS, CORPORATIONS AND OTHER INSTITUTIONS FROM ALL LIABILITY RESULTING FROM SUCH INVESTIGATION. I understand that any false or misleading statements of the failure to answer any statement on this application will render this application void and be sufficient cause for immediate dismissal in the event of employment

I understand that my offer of employment is dependent upon satisfactory completion of a drug-screening, physical exam and Mantoux test; receipt by the agency of satisfactory references; attendance at general employee orientation; and satisfactory completion of the initial training period. This offer is not intended to be a contract of employment for any fixed period of time and the employment relationship may be terminated at any time, either by the individual or the company.

All applications remain in our active file for 1 year. Submission of this application neither automatically results in an employment interview nor a job offer. It is the employer's policy that equal employment opportunities be available to all employees and applicants without regard to race, sex, age, color, religion, national origin, participation in military service, disability or any other protected status. VNA will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

SIGNATURE _____

DATE _____