



Date: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

***Personal Information***

\_\_\_\_\_  
Last Name    First Name    Middle

\_\_\_\_\_  
Present Address    City    State    Zip

\_\_\_\_\_  
Permanent Address    City    State    Zip

\_\_\_\_\_  
Phone #    Cell #    Email

How did you find out about VNA/BWH?  VNA/BWH Website     internet job posting site     Facebook  
 Friend/Relative; If so, whom may we thank for the referral \_\_\_\_\_  
 Other \_\_\_\_\_

**Employment Desired**     Full Time     Part Time     Casual/Contingent  
Shift(s) Preferred     Days     Afternoons     Midnights     On-Call     Weekends

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

Are you employed now?  Yes     No    If so, may we contact your current employer?  Yes     No

Have you ever applied to VNA/BWH before?  Yes     No    If so, when \_\_\_\_\_

Have you ever been employed by VNA/BWH before?  Yes     No    If so, when \_\_\_\_\_

Do any of your relatives currently work at VNA/BWH?  Yes     No    If yes, who \_\_\_\_\_

**Education**

|             | Name & Location of School | Yrs. Attended | Graduated Yes / NO | Subjects Studied |
|-------------|---------------------------|---------------|--------------------|------------------|
| High School | _____                     | _____         | _____              | _____            |
| College     | _____                     | _____         | _____              | _____            |
| Other       | _____                     | _____         | _____              | _____            |

*State and Federal law prohibit employers from discriminating against applicants for employment because of race, color, religion, gender, national origin, age, height, weight, marital status, sexual preference, handicap (to the extent required by law), familial status or status as a disabled veteran or veteran of the Vietnam era, except where sex is an essential bona-fide occupational qualification.*

**General**

Subjects of Special Study/special skills: \_\_\_\_\_

Are you eligible for employment in the United States?  Yes     No

US Military or Naval Service?  Yes     No    If so, which branch \_\_\_\_\_

Registered, Licensed or Certified? \_\_\_\_\_ Date Received \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Lic/Cert.# \_\_\_\_\_ State \_\_\_\_\_

**Former Employment (Beginning with the most current employer)**

| Date/Mo/Yr. | Name & Address of Employer | Position Held | Reason for Leaving |
|-------------|----------------------------|---------------|--------------------|
| From:       |                            |               |                    |
| To:         |                            |               |                    |
| From:       |                            |               |                    |
| To:         |                            |               |                    |
| From:       |                            |               |                    |
| To:         |                            |               |                    |

**Personal References (Please list 2 non-relatives)**

| Name | Email Address | Address | Relationship | Phone # | Years Known |
|------|---------------|---------|--------------|---------|-------------|
|      |               |         |              |         |             |
|      |               |         |              |         |             |

**Professional References (Please list one previous supervisor if possible)**

| Name | Email Address | Address | Relationship | Phone # | Years Known |
|------|---------------|---------|--------------|---------|-------------|
|      |               |         |              |         |             |
|      |               |         |              |         |             |

Have you ever been convicted of a misdemeanor or felony?  Yes  No If yes, please explain: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes  No

**APPLICATION FOR AT-WILL EMPLOYMENT**

I understand that I must satisfactorily pass a physical exam, drug testing and/or criminal background check, if requested, and that all offers of employment are made subject to this requirement.

I authorize investigation of all matters contained in this application and agree that if, in the judgment of the agency any misrepresentation has been made aware by me herein or the results of such investigation are not satisfactory, any offer of employment made by agency may be withdrawn, or my employment with the agency may terminated immediately. I agree to observe the rules and regulations of the agency as a condition of employment.

I also understand and agree that my employment, if offered a position, is "at will" and that either I, the employee. or Visiting Nurse Association Health Services can terminate my employment at any time, with or without cause, reason or notice.

**PLEASE READ CAREFULLY**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified **information, omissions or misrepresentations** on this application may result in termination

Signature

Date