

**APPLICATION FOR EMPLOYMENT  
VISITING NURSING ASSOCIATION**

An Equal Opportunity Employer

**PERSONAL INFORMATION**

NAME SOCIAL SECURITY NUMBER

PRESENT ADDRESS

PHONE NO:

IN CASE OF EMERGENCY NOTIFY (NAME, ADDRESS, PHONE)

ARE YOU EITHER A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN U.S? YES NO

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START SALARY DESIRED

WHAT SPECIAL ACCOMMODATIONS WOULD YOU NEED TO DO THIS JOB?

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

**EDUCATION**

NAME/LOCATION OF SCHOOL NO. YRS ATTENDED YR OF GRAD DIPLOMA/DEGREE

HIGH SCHOOL

COLLEGE

OTHER

**GENERAL REFERENCES**

NAME ADDRESS PHONE

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, I will be an "at will" employee and that my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE

SIGNATURE

**FORMER EMPLOYERS** (List below, starting with last on first)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE LEAVING DATE JOB TITLE

REASON FOR LEAVING

NAME AND TITLE OF SUPERVISOR

MAY WE CONTACT SUPERVISOR? PHONE NUMBER

NAME AND ADDRESS EMPLOYER

STARTING DATE LEAVING DATE JOB TITLE

REASON FOR LEAVING

NAME AND TITLE OF SUPERVISOR

MAY WE CONTACT SUPERVISOR? PHONE NUMBER

NAME AND ADDRESS EMPLOYER

STARTING DATE LEAVING DATE JOB TITLE

REASON FOR LEAVING

NAME AND TITLE OF SUPERVISOR

MAY WE CONTACT SUPERVISOR? PHONE NUMBER

NAME AND ADDRESS EMPLOYER

STARTING DATE LEAVING DATE JOB TITLE

REASON FOR LEAVING

NAME AND TITLE OF SUPERVISOR

MAY WE CONTACT SUPERVISOR? PHONE NUMBER

NAME AND ADDRESS EMPLOYER

STARTING DATE LEAVING DATE JOB TITLE

REASON FOR LEAVING

NAME AND TITLE OF SUPERVISOR

MAY WE CONTACT SUPERVISOR? PHONE NUMBER