

APPLICATION FOR EMPLOYMENT
WATERLOO VISITING NURSING ASSOCIATION
An Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____
Current Address: _____
City/State: _____ Phone No: _____
E-mail Address: _____
Are you either a U.S. Citizen or alien authorized to work in the U.S.? Yes No

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____
Do you need special accommodations to do this job: _____
Are you employed now? _____ If so, may we call your present employer? _____
Reason for leaving: _____
Name of last supervisor at that company: _____

EDUCATION

Name/location of school	No. yrs attended	diploma or degree
High School: _____		diploma or degree
College: _____		diploma or degree
Other: _____		diploma or degree

GENERAL REFERENCES

Name	address, city, state	phone #	relationship
1. _____			
2. _____			
3. _____			

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 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 the last one first)

Name & Address of present or last employer See Resume

Starting date: _____ Leaving date: _____ Job title: _____
Reason for leaving: _____
Name and title of supervisor: _____
May we contact supervisor?: _____ Phone number: _____

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