COMMUNITY VISITING NURSE ASSOCIATION

COMMUNITY VNS | COMMUNITY HOME CARE | COMMUNITY CARE HOSPICE

APPLICATION FOR EMPLOYMENT

Community Visiting Nurse Association is an equal opportunity employer and will not discriminate in employment as to any protected category, including but not limited to race, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease or place of national origin, or any other protected status.

Last Name	First Name	Date
Street: Apt. #	Other Names Used	
City, State, Zip Code	Telephone Number ( ) (Home/Cell)	
E-Mail Address		

Position Applied For

- ☐ RN ☐ LPN
- ☐ PT ☐ OT
- ☐ SLP ☐ CHHA
- ☐ Nutritionist
- ☐ Administrative Staff
- ☐ Other: _____

Salary Desired:

$ _____

How did you hear about the position?

_____

Education

	Name of School	City and State	Completed? Yes No
High School			
College			
Nursing School			

Subjects of special study or research work _____

_____

If HHA or CNA, give certificate # _____ State _____ Expiration date _____

If RN, LPN or therapist give license # _____ State _____ Expiration date _____

Do you have professional (malpractice) insurance? ☐ Yes ☐ No

If yes, what is the name of the insurance company and policy number? _____

_____

Skills (i.e., CPR, IV Certifications, etc.) _____

Do you have a current driver's license? ☐ Yes ☐ No Driver's License # _____ State: _____

Do you have the legal right to work in the U.S.? ☐ Yes ☐ No Are you 18 years of age? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No If so, what hours? _____ May we inquire of your present employer? ☐ Yes ☐ No

Can you work the following ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Full days ☐ Part days ☐ AM ☐ PM ☐ Nights

Specify hours you can work _____ Date available _____

Do you have any relatives working for Community Visiting Nurse Association or its affiliates? ☐ Yes ☐ No If yes, indicate name, relationship and when? _____

Have you ever applied for employment with Community Visiting Nurse Association? ☐ Yes ☐ No If yes, when? _____

Have you ever been discharged from a job or forced/asked to resign? ☐ Yes ☐ No

Is there any reason known to you why you could not consistently meet the essential duties of the job with or without reasonable accommodation? ☐ Yes ☐ No

If yes, please explain and suggest any reasonable accommodation: _____

PERSONAL/PROFESSIONAL REFERENCES Please list 3 people, who are not relatives, that you have known at least one year

	Full Name	email	Telephone #	Relationship	Years Acquainted
1					
2					
3					

Previous Employers (Start with most recent/current position)

Name | Address

From | To | Your Position | City | State | Telephone Number ( )

Supervisor | Ok to Contact Y N | Reason for Leaving

Name | Address

From | To | Your Position | City | State | Telephone Number ( )

Supervisor | Ok to Contact Y N | Reason for Leaving

Name | Address

From | To | Your Position | City | State | Telephone Number ( )

Supervisor | Ok to Contact Y N | Reason for Leaving

Name | Address

From | To | Your Position | City | State | Telephone Number ( )

Supervisor | Ok to Contact Y N | Reason for Leaving

I_____, hereby authorize Community Visiting Nurse Association and its agents and/or representatives to obtain any information concerning my work history and education; unless prohibited under NJ Bill A1094 or permission is explicitly denied above. The act of receiving and/or requesting my personal data expires 1-year from the date below.

Signature | Date