



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, communicable disease, place of national origin or any other protected class.

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

Position Applied For	
RN	LPN
PT	OT
SLP	CHHA
Nutritionist	
Administrative	
Other: _____	

Education	Name of School	City and State	Completed?
High School	_____	_____	_____
College	_____	_____	_____
Nursing School	_____	_____	_____
Subjects of special study or research work _____			
If HHA or CNA, give certificate # _____ and State _____ Expiration date _____			
If RN, LPN or therapist, give current license # _____ and State _____ Expiration date _____			
Do you have professional (malpractice) insurance?			
If , what is the name of the insurance company and policy number? _____			
Skills (i.e., CPR, IV Certifications, etc.) _____			

Salary Desired: \$ _____

How did you hear about the position? _____

Do you have a current driver's license?	Driver's License # _____	State: _____						
Do you have the legal right to work in the U.S.?								
Are you employed now?	If so, what hours? _____							
Can you work the following?	Mon	Tues	Weds	T	Thurs	Fri	Sat	Sun
	Full days	Part days	AM	PM	Nights			
Specify hours you cannot work _____			Date available _____					

Do you have any relatives working for CVNA or its affiliates? relationship and when? _____	If yes, indicate name, _____
Have you ever applied for employment with CVNA?	If, yes when? _____

Have you ever been discharged from a job or forced/asked to resign?
Is there any reason known to you why you could not consistently meet the essential duties of the job with or without reasonable accommodation?
If , 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

<u>Full Name</u>	<u>email</u>	<u>Telephone #</u>	<u>Business/Relationship</u>	<u>Years Acquainted</u>

Previous Employers (Start with most recent/current position)

Name		Address			
From	To	Your Position	City	State	Telephone Number ()
		Supervisor	Ok to Contact Yes No	Reason for Leaving	

Name		Address			
From	To	Your Position	City	State	Telephone Number ()
		Supervisor	Ok to Contact Yes No	Reason for Leaving	

Name		Address			
From	To	Your Position	City	State	Telephone Number ()
		Supervisor	Ok to Contact Yes No	Reason for Leaving	

Name		Address			
From	To	Your Position	City	State	Telephone Number ()
		Supervisor	Ok to Contact Yes No	Reason for Leaving	

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal of employment, or if employed, termination from the company. I _____, hereby authorize Community Visiting Nurse Association to request and receive from all prior employers within one year of the date of application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination. I authorize Community Visiting Nurse Association, its agents and/or representatives, to investigate me, my education and my past employment fully.

Signature	Date
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