



VISITING NURSE ASSOCIATION OF ERIE COUNTY

2253 WEST GRANDVIEW BOULEVARD ERIE PA 16506-4507

TEL: 814.454.2831

FAX: 814.453.5357

HOME HEALTH CARE AND HOSPICE. . . THERE WHEN YOU NEED US

APPLICATION FOR EMPLOYMENT

Date of Application _____

The Visiting Nurse Association of Erie County is an equal opportunity employer which does not discriminate in employment practices based on individual's race, color, citizenship status, national origin, ancestry, gender, age, religion, creed, physical or mental disability, sexual orientation, marital status, veteran status, political affiliation, any other legally protected characteristic, or for engaging in protected activities; nor is any question on this application asked for the purposes of limiting or excluding any applicant's consideration for employment for these reasons.

PERSONAL RECORD

LEGAL NAME _____	Last	First	Middle	Social Security Number _____
ADDRESS _____	Street	City/State	Zip	Telephone Number () _____
E-MAIL ADDRESS _____				

EDUCATIONAL RECORD

Name of Schools or Institutions (Include High School) _____	Professional Training/Type of Degree _____
_____	_____
_____	_____
Circle Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	

POSITION APPLIED FOR:

_____ Other positions for which you are qualified _____

Are you currently employed? Yes No If yes, name of employer _____

Have you ever applied here before? Yes No Have you ever worked here before? Yes No If yes, give dates _____

Have you ever been excluded, suspended, or otherwise sanctioned by any federal or state health care program? Yes No If yes, please provide details _____

Have you ever pleaded guilty to, or been convicted of, any felony or misdemeanor? (Exclude summary offenses.) Yes No If yes, list dates and offense(s) _____

(A criminal conviction will not necessarily be a barrier to employment. We will consider the nature of the crime, its job relatedness, subsequent rehabilitation and any other factors in evaluating your application.)

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes No

If yes, date entered _____ discharged _____ Reserves or National Guard status Yes N/A

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

EMPLOYMENT HISTORY

Last or Present Employer	Dates Employed (Month, Day, Year)	Job title	Salary	Description of Job Duties	Reason for Leaving
_____ Street _____ City _____ St ____ Zip _____	From: _____ To: _____				
_____ Street _____ City _____ St ____ Zip _____	From: _____ To: _____				
_____ Street _____ City _____ St ____ Zip _____	From: _____ To: _____				

Professional license #: _____
 May we contact your present employer? Yes No

PA Nurse Aide Registration #: _____
 Date available _____

REFERENCES:

Name _____ Street _____ City _____ State _____ Zip _____ Phone No. () _____
 Name _____ Street _____ City _____ State _____ Zip _____ Phone No. () _____
 Name _____ Street _____ City _____ State _____ Zip _____ Phone No. () _____

PRE-EMPLOYMENT STATEMENT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Agency shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. If there is an offer of employment, I understand that it is contingent upon passing a physical examination and drug and alcohol screen. If employed, I agree to wear protective clothing or devices as required by the Agency and to comply with the safety rules.

Applicant's Signature _____

Date _____

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PERSONAL REFERENCE INQUIRY

Date _____

I hereby authorize the addressed individual, agency, or institution to furnish the Visiting Nurse Association of Erie County with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, agency, or institution and all individuals connected therewith, including the Visiting Nurse Association of Erie County, from all liability for any damage whatsoever incurred in furnishing such information.

Name _____
(Please print)

Signature of Applicant

Do Not Write Below Line

The above applicant is being considered for employment with our Agency. The applicant has listed you as a reference, and we would appreciate your completing and returning this form to us in the stamped, addressed envelope provided.

Name _____

Street _____

City _____ State _____ Zip _____

How long have you known the applicant? _____

Under what circumstances do you come in contact with the applicant? _____

Any additional comments you wish to make. _____

Signature _____

Date _____



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PRIOR EMPLOYMENT INQUIRY

Date _____

Name _____ Social Security # _____
(Please print)

I authorize my former employer to release information concerning my employment to Visiting Nurse Association of Erie County.

Signature of Applicant

Do Not Write Below Line

Company/Organization Name _____
Street _____
City _____ State _____ Zip _____

Employment dates from _____ to _____ Position _____

The information indicated above is correct incorrect . If incorrect, please note any discrepancies _____

We appreciate your replies to the following questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, addressed envelope is enclosed for your convenience.

EVALUATION

	Excellent	Good	Fair	Poor	Comments:
Ability					
Performance					
Cooperation					
Attendance					
Initiative					
Personality					

Would you re-employ? Yes No If not, please give reason: _____

Signature and Title _____ Date _____