

VISITING NURSE ASSOCIATION (VNA) OF SEMO
including
HOME HEALTH, PRIVATE DUTY
HOSPICE, IN HOME AND SENIOR COMPANION PROGRAM
HOME MEDICAL EQUIPMENT, CONSUMER DIRECTED CARE

APPLICATION FOR EMPLOYMENT

VNA is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, creed, age, sex, religion, national origin, disability or veteran status.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please feel free to attach a resume' as a supplement to this application. PLEASE TYPE OR PRINT CLEARLY.

PERSONAL

NAME	(LAST)	(FIRST)	(MIDDLE)	DATE
OTHER NAMES USED:				
PRESENT ADDRESS	(STREET)	(CITY)	(STATE) (ZIP)	(COUNTY) HOW LONG?
TELEPHONE # (home)	TELEPHONE # (other)		SOCIAL SECURITY #	
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" WHERE? WHEN?				
POSITION HELD SUPERVISOR				
IS ANY MEMBER OF YOUR FAMILY NOW EMPLOYED BY OR CONNECTED WITH THE VNA ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF "YES" WHO? WHERE?				
ARE ANY MEMBERS OF YOUR FAMILY PRESENTLY USING VNA SERVICES AND/OR CONSUMER DIRECTED CARE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF SO WHO? WHAT RELATION?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY, ANY CRIMINAL CONVICTIONS, FINDINGS OF GUILT, PLEAS OF GUILTY, AND PLEAS OF NO CONTEST EXCEPT THOSE INCLUDING MINOR TRAFFIC OFFENSES. MINOR TRAFFIC OFFENSES INCLUDE SPEEDING AND NON-MOVING VIOLATIONS? (CONVICTION OF A CRIME WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT, BUT MUST BE DISCLOSED.) YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE DESCRIBE IN DETAIL ON PAGE 3				
POSITION DESIRED?		HOURS AVAILABLE TO WORK WEEKLY		ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?
WHEN WOULD YOU BE AVAILABLE TO START?		HOURLY RATE REQUIRED		YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU LIVED OR WORKED OUTSIDE THE STATE OF MISSOURI WITHIN THE LAST 5 YEARS? IF YES, WHICH STATES			YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OR MAJOR AREA	YEARS COMPLETED	CERTIFICATE OR DEGREE AWARDED
HIGH SCHOOL				DIPLOMA OR EQUIVALENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE				
GRADUATE				
BUSINESS				
TRADE				
OTHER				

SIGNIFICANT DETAILS OF HIGHEST LEVEL OF EDUCATION (Degrees, major field of study, scholastic honors, publications, professional societies, extra curricular activities, etc.)	
OTHER TRAINING (seminars, company training programs, etc.)	
DO YOU HOLD A CURRENT PROFESSIONAL LICENSE OR CERTIFICATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" WHAT TYPE?	
ARE YOU A CNA? YES <input type="checkbox"/> NO <input type="checkbox"/>	CERTIFICATE NUMBER YEAR RECEIVED
WHERE DID YOU RECEIVE TRAINING?	
LIST ANY OTHER CERTIFICATES OR LICENSES HELD	
PROFESSIONAL OR CIVIC ORGANIZATIONS & ACTIVITIES (Exclude those which may disclose your race, religion or national origin)	

OTHER QUALIFICATIONS

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION WITH LIABILITY COVERAGE AND VALID LICENSE WHERE APPLICABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
WHAT OFFICE EQUIPMENT, COMPUTER PROGRAMS, ETC. DO YOU HAVE EXPERIENCE WITH?
HAVE YOU CARED FOR CHILDREN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" FOR HOW LONG?
HAVE YOU CARED FOR AGING PARENTS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" FOR HOW LONG?
HAVE YOU CARED FOR AGING GRANDPARENTS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" FOR HOW LONG?
HAVE YOU WORKED PRIVATELY OR PROFESSIONALLY CARING FOR THE ELDERLY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" FOR HOW LONG?

EMPLOYMENT HISTORY Begin with your present or most recent employer. Fill in each area, do not state "refer to resume'." Use extra sheets if needed.

COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED FROM: TO:
IMMEDIATE SUPERVISOR (Name and Title)			SALARY START ENDING
STATE JOB TITLE AND DESCRIBE RESPONSIBILITIES AND ACCOMPLISHMENTS			REASON FOR LEAVING
COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED FROM: TO:
IMMEDIATE SUPERVISOR (Name and Title)			SALARY START ENDING
STATE JOB TITLE AND DESCRIBE RESPONSIBILITIES AND ACCOMPLISHMENTS			REASON FOR LEAVING
COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED FROM: TO:
IMMEDIATE SUPERVISOR (Name and Title)			SALARY START ENDING
STATE JOB TITLE AND DESCRIBE RESPONSIBILITIES AND ACCOMPLISHMENTS			REASON FOR LEAVING
COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED FROM: TO:
IMMEDIATE SUPERVISOR (Name and Title)			SALARY START ENDING
STATE JOB TITLE AND DESCRIBE RESPONSIBILITIES AND ACCOMPLISHMENTS			REASON FOR LEAVING

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Name: Reason:

MILITARY SERVICE	Did/do you serve in the U.S. Armed forces? YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES" what Branch?
Are you currently a member of the reserves? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES" what component?		ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>
Describe any training received relevant to the position for which you are applying.		

REFERENCES

PLEASE LIST THREE BUSINESS REFERENCES. (RELATIVES, FRIENDS OR CO-WORKERS ARE UNACCEPTABLE.)
 REFERENCE REQUEST INFORMATION MUST BE COMPLETE TO BE CONSIDERED.

NAME	ADDRESS	TELEPHONE NO.	POSITION	COMPANY NAME	YEARS KNOWN
		WORK			
		ALTERNATE #			
		WORK			
		ALTERNATE #			
		WORK			
		ALTERNATE #			
		WORK			
		ALTERNATE #			

DISCLOSURE: All persons who provide direct care must disclose all criminal convictions, findings of guilt, pleas of guilty, and pleas of no contest except those including minor traffic offenses. (Minor traffic offenses include speeding and non-moving violations.) Failure to make disclosure may disqualify you as an applicant or result in an employee's termination. Do you have a disclosure? Yes No

If yes, describe _____

SIGNATURE OF APPLICANT _____

ARE THERE ANY REASONS WHY YOU MAY NOT BE ABLE TO PERFORM THE ESSENTIAL ELEMENTS OF THE JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" PLEASE EXPLAIN:

THIS APPLICATION REMAINS ACTIVE FOR A PERIOD NOT TO EXCEED 3 MONTHS

PLEASE READ CAREFULLY BEFORE SIGNING

Reference to the VNA includes any of its programs (i.e.: In Home, Private Duty, Home Health, Hospice, Senior Companion, Home Medical Equipment and Consumer Directed Care.)

I hereby affirm that my answers to the preceding questions are true and correct. I AUTHORIZE the VNA to conduct whatever investigation it deems necessary to confirm the answers submitted on this application. I understand that a pre-employment criminal record check, employee disqualification list check, MVR check, drug/alcohol screening, closed records check pursuant to Section 610.210, RSMo as well as a Family Care Registry check will be done. I also understand a credit check may be done if deemed necessary. If an investigation determines any untrue answer was made, I accept this as sufficient grounds for immediate termination, should I be employed.

I also authorize any of my former employers to furnish my records of services, my reason for leaving their employ, and any other information they may have concerning me. I hereby release any of my former employers from all liability for any damages in furnishing said record.

I agree that if I am employed, a full transcript of my records as an employee, including reason for termination, may be given to a prospective future employer upon his request, and do hereby release them from any and all liability or damages in furnishing said record.

I understand and agree that, should I be offered employment, I must fulfill all requirements of the position offered, which may include but is not limited to post employment physicals, proof of current license or certification in good standing, and the ability to perform the duties of the position in a safe and confidential manner. I agree to abide by the rules and policies. I also understand that my employment is "at will" and therefore is for no definite period, and may, regardless of the period of payment of wages or salary, be terminated at any time for any reason without any previous notice. I further understand that no company official has made any promise to the contrary or guaranteed me employment for any specified period of time, and that no employee handbook or policy may be construed to the contrary or interpreted as a contract or guarantee of employment.

I understand and agree that the use of this application from does not indicate that there are any positions available and in no way obligates the consumer.

 APPLICANT'S SIGNATURE DATE

How (or by whom) were you referred to VNA? VNA employee Name of employee _____

- Newspaper Ad Radio Ad Job Service (Employment office)

Visiting Nurse Association will drug test all persons after making a conditional offer of employment.
 This testing will be done when the collection agency can make the arrangements.

DO NOT WRITE BELOW THIS LINE

JOB TITLE	SUPERVISOR
REFERENCES CHECKED	DATE OF INTERVIEW
REASON NOT HIRED	DATE OF HIRE
APPROVED BY HUMAN RESOURCES	

