



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

## INSTRUCTIONS

Completion of this form is part of the Agency's application process. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. Failure to complete the application accurately may disqualify an individual from being considered for a position, or if hired, may result in termination of employment. Additionally, if the Agency extends you an offer of employment, it will be contingent upon: 1) your passing a physical exam to verify your ability to perform the essential job functions, and 2) the Agency's receipt of an acceptable Motor Vehicle Report and proof of automobile insurance coverage (see back page).

## PERSONAL INFORMATION *(Please Print)*

Name (Last, First, Middle)			Today's Date (Month Day Year)		
Address		City, State	Zip Code	Social Security Number	
Home Phone ( )		Work Phone ( )		Cell Phone ( )	
Have you previously been employed by VNAIC?	Yes G	No G	Name while employed w/VNAIC	If hired, when can you start?	Dates of previous VNAIC employment
Do you have any relatives employed here?		Name(s) and relationship(s):			
Position applied for		Full Time G	Part Time G	Per Diem G	Temp G
		Hours desired (if applicable)		Desired Salary (hourly rate)	
Person to notify in case of emergency: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> </div> <hr/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number, Street/P.O. Box</span> <span>City</span> <span>State</span> <span>Zip Code</span> <span>( )</span> <span>Phone</span> </div>					
Would you be willing to work overtime?      Yes G      No G					
List any other name by which you have been known for the purpose of employment and licensure:					
Professional California License(s) or Certification. Circle as applicable: PHN, RN, LCSW, OT, ST, RD, PT, PTA, LVN, HHA, Other: _____;					
Number: _____ Expiration Date: _____					
Can you, after receiving an offer of employment, submit:					
Proof of your legal right to work in the U.S.?			G Yes	G No	
Proof that you are at least 18 years of age?			G Yes	G No	
Have you ever been convicted of any crime other than a minor traffic violation?    G Yes      G No (A conviction is not an automatic bar to employment. Each case will be considered on its own merits.) If yes, please explain and state the charge, the court, the date and disposition of the case: _____ _____ _____					
Are there any arrests or criminal proceedings currently pending against you?    G Yes      G No (A pending arrest or criminal proceeding is not an automatic bar to employment. Each case will be considered on its own merits.) If yes, please explain: _____ _____ _____					

**GENERAL**

Do you have a valid California's Driver's License?     Yes     No    License # \_\_\_\_\_

We are interested to know how you were referred to VNA of the Inland Counties. Please check the appropriate areas below:

Referred by: (*Employee's Name*) \_\_\_\_\_

Classified ad in:     Press Enterprise     The Sun     Professional Journal (*Name*) \_\_\_\_\_

Internet                    Other \_\_\_\_\_

**EDUCATION**

Skills and Education (Circle highest grade completed)												College				Graduate			
1 2 3 4 5 6 7 8 9 10 11 12												1 2 3 4				1 2 3 4			
School			Location			From Mo Yr	To Mo Yr	No. of Units Completed	Degree or Diploma	GPA	Major								
Are you attending school now?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where?			What Hours?			Course of Study?									

**SKILLS INVENTORY**

Place an X in the boxes to indicate experience in the following:

<input type="checkbox"/> Cardiac Cath Lab	<input type="checkbox"/> Home Health	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Special Procedures
<input type="checkbox"/> Teaching/Supervision	<input type="checkbox"/> Hospice	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Student Preceptorship
<input type="checkbox"/> ICU/CCU	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Telemetry

Are you certified in CPR/BLS?     Yes     No     Application in Process \_\_\_\_\_

If yes, expiration date \_\_\_\_\_

Are you certified in ACLS/PALS?     Yes     No     Application in Process \_\_\_\_\_

If yes, expiration date \_\_\_\_\_

**OFFICE SKILLS**

Do you type?     Yes     No    If yes, typing speed (wpm): \_\_\_\_\_

Check other skills:

<input type="checkbox"/> Data Entry	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Letter Composition
<input type="checkbox"/> 10-Key Adding Machine	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Other _____

**COMPUTER SKILLS**

Do you have experience in the use of a personal computer?     Yes     No

Check other skills:

<input type="checkbox"/> Word	<input type="checkbox"/> Access	<input type="checkbox"/> E-mail	<input type="checkbox"/> Clinical Documentation
<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Calendar	<input type="checkbox"/> Other: _____

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD FOR THE PAST TEN YEARS: BEGIN WITH YOUR MOST RECENT EMPLOYER.  
DO NOT OMIT ANY EMPLOYMENT. (Attach a second sheet if necessary.)**

Are you presently employed?     Yes     No    May we contact your present employer?     Yes     No

Other names under which you have worked: \_\_\_\_\_

Dates/Salary Information		Current Employer	Your Job Title and Duties
From Mo    Yr	To Mo    Yr	Firm Name & Address	
Hours Worked Per Week			
SALARY	Type of Business		
Start	Name of Your Immediate Supervisor	Reason for Leaving	
Last	Supervisor's Phone #		

Dates/Salary Information		Previous Employer	Your Job Title and Duties
From Mo    Yr	To Mo    Yr	Firm Name & Address	
Hours Worked Per Week			
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Hours Worked Per Week			
SALARY	Type of Business		
Start	Name of Your Immediate Supervisor	Reason for Leaving	
Last	Supervisor's Phone #		

List **ANY** periods of unemployment during the past ten years, beginning with the most recent period of unemployment.

From	To	Reason for Unemployment

**Professional References (Please do not list relatives)**

\_\_\_\_\_  
Name and Occupation

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name and Occupation

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone Number

**SELF DESCRIPTION**

In the space provided below, you are asked to describe yourself in your own words without any attempt to be modest. Describe your strengths and weaknesses that may affect your ability to succeed in the position for which you have applied. Why do you think you are qualified for this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

VNA of the Inland Counties is an equal opportunity employer and is committed to making hiring and other employment related decisions without regard to an individual's race, color, creed, sex, sexual orientation, national origin, ancestry, citizenship, age, handicap or disability (including pregnancy,) medical condition, religion, marital status, or any other legally protected status.

I certify that the information in the employment application and any related documents that I am submitting is correct to the best of my knowledge. I understand that falsification of this information is grounds for refusal to hire or, if hired, termination. I authorize any of the persons or organizations noted in the application to give VNAIC any and all information concerning my previous employment, education, or other information they might have, personal or otherwise, with regard to any of the subjects covered by the application. I authorize VNAIC to request and receive such information and release VNAIC and all such parties from all liability for any damage that may result from furnishing such information to VNAIC, its agents and representatives.

I agree, that if hired, I will follow the rules, regulations and policies of VNAIC and acknowledge that these rules, regulations and policies may be changed, interpreted, deleted, or added to at any time without any prior notice to me. This may include, but are not limited to, overtime, rotating or changing work assignments, locations and schedules, drug testing, weekend and night work, and other conditions that may not necessarily meet with my individual preference.

I am applying for employment with VNAIC, I understand and agree that, if hired, my employment would not be for a definite term or period of time, and would be at-will. I understand that under this at-will employment status I may be terminated at anytime without any obligation on VNAIC's part to provide cause or justification. By accepting employment, if offered, with VNAIC, I agree to this at-will employment status. Finally, I understand that any offer of employment will be based on, among other things, my signing a written ACKNOWLEDGMENT agreeing that my employment is at-will.

I further agree that my employment, if offered, is subject to a physical examination to determine if I am physically and otherwise fit to perform the essential functions for the position for which I am being considered. I hereby agree that the results of this physical examination shall be released to representatives of VNAIC.

Proof of identity and lawful status to work in the United States is also required as a condition of any offered employment.

I acknowledge and agree that my employment with the VNAIC may require that I use my own vehicle for transportation to and from assignments. I further acknowledge that as a condition of employment, **the Agency requires that any employees who drive as a function of their job must carry a minimum of \$100,000/300,000 bodily injury/liability insurance coverage at all times.** I agree to furnish the VNAIC with a copy of my automobile insurance indicating the property and liability coverage.

Applicants whose jobs require driving must have a driver's license valid in California and could be subject to a Department of Motor Vehicles check prior to employment and as a basis of continued employment. I agree with and consent to all of the above as VNAIC considers me for employment.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**APPLICATIONS ARE CONSIDERED INCOMPLETE WITHOUT A DATED SIGNATURE.**