Through the decades
Visiting Nurse Association
of the Inland Counties
a tradition of caring

Reset Form

Submit

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 junctions, 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) yugfyfyghy			**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 ☒ No ☐	**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** ☐ **Part Time** ☐ **Per Diem** ☐ **Temp** ☐	**Hours desired (if applicable)**	**Desired Salary (hourly rate)**

Person to notify in case of emergency: _____
Last First

_____ ( )_____
Number, Street/P.O. Box City State Zip Code Phone

Would you be willing to work overtime? Yes ☐ No ☐

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.? ☐ Yes ☐ No

Proof that you are at least 18 years of age? ☐ Yes ☐ No

Have you ever been convicted of any crime other than a minor traffic violation? ☐ Yes ☐ 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? ☐ Yes ☐ 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	No	Where?	What Hours?	Course of Study?
	☐	☐			

SKILLS INVENTORY

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

☐ Cardiac Cath Lab	☐ Home Health	☐ Orthopedics	☐ Special Procedures
☐ Teaching/Supervision	☐ Hospice	☐ Pediatrics	☐ Student Preceptorship
☐ ICU/CCU	☐ Med/Surg	☐ Respiratory	☐ 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:

☐ Data Entry	☐ Medical Terminology	☐ Letter Composition
☐ 10-Key Adding Machine	☐ Medical Transcription	☐ Other _____

COMPUTER SKILLS

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

Check other skills:

☐ Word	☐ Access	☐ E-mail	☐ Clinical Documentation
☐ Excel	☐ PowerPoint	☐ Calendar	☐ 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			
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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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			
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

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.