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

CREDENTIAL/LICENSE VERIFICATION

For employment purposes only, and as stated on our application, the Agency requires that all candidates for hire possess the appropriate credentials/licenses needed because of the nature of their job duties. These credentials or licenses, which will be verified by the Agency, include:

1. An active Driver's License, issued by the State of California, along with an acceptable and unencumbered Motor Vehicle Report. (This verification will be conducted on behalf all candidates who will be required to drive as part of their job duties.)

2. An active, unencumbered nursing license, a Physical, Occupational or Speech Therapy license/registration, a Licensed Case Social Worker registration, a Home Health Aide certification, or the appropriate Masters/Bachelors degree for Social Workers, whichever applies. (These verifications will be conducted on behalf of all candidates who will be required to possess theses licenses/certifications/degrees before they are allowed to perform their job duties.)

NOTE: It is important for you to understand that any offers of employment will be contingent upon our Agency's being able to verify whichever credentials/licenses are needed to support your eligibility for hire.

Lastly, in order to comply with recent amendments to the Fair Credit Reporting Act, we must:

A. Certify that the Agency will comply with all applicable state and federal laws applying to the verification process;

B. Certify that the Agency will provide you with any negative information it receives during the verification process that results n a rejection of your application for hire;

C. Request that, separate from your signature on your application, you sign your name in the space provided below to provide the Agency with your written consent to conduct the above-described verifications on your behalf. (Please note that your refusal to provide this consent will result in your application being eliminated from consideration.)

_____ _____
Applicant's Name (Please Print) Date

_____
Applicant's Signature

You are welcome to call Human Resources if you have any questions relating to this document. Thank you.