



VISITING NURSE ASSOCIATION

Human Resources Department
1110 Prim Road
Colchester, Vermont 05446
SM (802) 658-1900 Fax: (802) 860-4478
An Equal Opportunity Employer

POSITION APPLYING FOR:

APPLICANT:

- Please complete pages 1, 2 & 3
- Type or print
- Attach a supplemental page if needed

GENERAL

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
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MAILING ADDRESS (Street, City, State, Zip Code)

HOME PHONE	CELL PHONE	BIRTHDATE (if under 18 or over 65)	DATE OF APPLICATION
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EMAIL ADDRESS	HAVE YOU EVER WORKED FOR THE VNA? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, INDICATE TYPE OF VISA:
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EDUCATION & TRAINING

CIRCLE THE HIGHEST YEAR COMPLETED:

HIGH SCHOOL	COLLEGE	GRADUATE
1 2 3 4	1 2 3 4	1 2 3 4

LAST HIGH SCHOOL ATTENDED	NAME OF SCHOOL: CITY & STATE: HONORS: MAJOR SUBJECT:	DATES ATTENDED (OPTIONAL)		GRADUATE?		TYPE OF DEGREE OR DIPLOMA
		To (MM/YY)	FROM (MM/YY)	Yes	No	
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL: CITY & STATE: HONORS: MAJOR SUBJECT:					
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL: CITY & STATE: HONORS: MAJOR SUBJECT:					
OTHER	NAME OF SCHOOL: CITY & STATE: HONORS: MAJOR SUBJECT:					

May we verify your enrollment at the above educational institutions? Yes No

NURSING APPLICANTS: Indicate if your education included public health nursing. List affiliation, length of time, and if your program is accredited by NLN:

REGISTRATIONS OR PROFESSIONAL LICENSES

DESCRIPTION:	STATE:	DESCRIPTION:	STATE:
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Have you ever been denied licensure ? Yes No

Have you ever had any health care license revoked? Yes No

List any memberships in Professional Organizations:

LANGUAGE ABILITY

List those other than English that you could use in your work:

LANGUAGE:

- Speak
 Read
 Write

LANGUAGE:

- Speak
 Read
 Write

REFERENCES

List three people other than relatives or personal friends who have knowledge of your work experience and/or education. Include complete mailing addresses:

	REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME			
COMPLETE MAILING ADDRESS			
PHONE			
RELATIONSHIP			

EMPLOYMENT RECORD

List most recent employment first. Include periods of unemployment, military service, and/or significant volunteer work:

EMPLOYER NAME	Start Date	Starting Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, Zip Code	Last Supervisor's Name		Phone
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Description:		
Reason for Leaving:			

EMPLOYER NAME	Start Date	Starting Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, Zip Code	Last Supervisor's Name		Phone
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Description:		
Reason for Leaving:			

EMPLOYER NAME	Start Date	Starting Salary	Initial Position Title
Street Address	End Date	Final Salary	Present/Final Position Title
City, State, Zip Code	Last Supervisor's Name		Phone
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Description:		
Reason for Leaving:			

POSITION

Type of Position Desired:

Date Available:

Are you Seeking:

Full time

Part time

Per diem

Other

If other, specify anticipated period of work and/or number of hours per day:

How did you hear about the VNA's job openings?

Newspaper

Other website

Employee referral (name of referring friend): _____

VNA website

Radio/Television

Other: _____

OTHER

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes

No

If yes, please explain below:

DATE OF ARREST

DATE OF CONVICTION

OFFENSE

DISPOSITION OF THE CASE

Explain any periods of absence during previous employment:

Do you have relatives employed at the VNA?

Yes

No

If yes, give:

NAME

DEPARTMENT

POSITION

Members of immediate families and other relatives may be employed in any capacity and any department within the VNA. However, persons related shall not be employed in a situation within the VNA where one relative exercises direct or indirect supervision over the other. Where such direct or indirect supervision is deemed a distinct advantage to the agency, the employment of the relative in question must be approved by the board of directors.

If you are applying for a position involving direct patient care or a custodial position, are you able to:*

1. Lift 50 pounds*

Yes

No

2. Drive a car

Yes

No

3. Climb stairs in patients' homes

Yes

No

*See the job description for physical requirements for specific position for which you are applying.

Do you have an active driver's license?

Yes

No

Within the past three years, have you had more than three moving violations in any one-year period or longer than a thirty-day suspension on your license?

Yes

No

CERTIFICATION

I certify that the information given on this application is true and correct. I understand that any false information; willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds for the Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA) to terminate my employment and I authorize the VNA to secure the information necessary to make a decision. I further understand that the VNA will adhere to the provisions of the fair credit reporting act and other applicable statutes concerning the securing, documentation, handling and release of information obtained in the pre-employment investigation.

SIGNATURE

DATE

