

Visiting Nurse & Hospice of Litchfield County



Date _____ Position applied for _____

Referral Source: ☐ VNHLC Employee ☐ Newspaper Ad ☐ Facebook ☐ Internet ☐ Other

APPLICATION FOR EMPLOYMENT

PLEASE READ THIS APPLICATION IN FULL BEFORE COMPLETING IT

All applicants for employment and all employees are treated equally, regardless of ancestry, color, creed, marital status, sexual orientation, sex, age, national origin, political or religious beliefs, military status, physical or mental disability except where a bonafide occupational limitation exists.

NAME (First, Middle, Last)	Maiden and/or other Names used
SOCIAL SECURITY NUMBER	Previous residence addresses if less than seven years at current address, and dates you resided there
CURRENT ADDRESS	Address
Street	From To
City State Zip Code	Address
How long have you resided at your current address? (If less than seven years, see right column)	From To
TELEPHONE	MOBILE PHONE
Do you have an answering machine?	Is it OK to leave messages on your answering machine regarding this application?
EMAIL ADDRESS	

NOTE: In compliance with the State of Connecticut Law, it is the policy of this agency to obtain criminal records and driving records of applicants who are offered employment. SEE SEPARATE NOTICE of criminal history check.

Are you legally eligible for employment in the United States of America? YES _____ NO _____

Date you would be able to begin work if hired: _____

Hours available for work: Morning _____ Afternoon _____ Evening _____

Please read the attached job description, which also contains the American Disabilities Act description of the job demands. Are you able to perform the functions of the job for which you applied? YES _____ NO _____

I am **unable** to perform the following functions without reasonable accommodation: _____

Have you previously applied to VNHLC (any branch) for employment, and if so, when? NO ____ YES ____
Date _____

Have you ever been employed by VNHLC (any branch)? YES _____ NO _____

If YES, dates of last employment with VNHLC _____

If the position for which you are applying requires training, professional licensure, paraprofessional certification or education to perform the job, please complete the following:

Professional License (type) _____ Date Issued _____ State where issued _____ Date Expires _____

Certification (type) _____ Date issued _____ State where issued _____ Date Expires _____

Do you have a valid and current driver's license? (Required) YES _____ NO _____

State where issued _____ License No. _____ Date Expires _____

NOTE: If your driving record indicates more than three (3) moving violations, or more than one (1) chargeable accident in the past 36 months, any major convictions (drunk, drug, reckless driving, etc) within the past 5 years, you will NOT be eligible for hire.

Do you have auto insurance? (Required) YES _____ NO _____

NOTE: If accepted for employment, original documents will be required for proof of all the above, and will be photocopied for our records. You will be required to keep the agency updated when you renew all insurance and licenses. You will be required to maintain auto liability limits of insurance equal to or greater than those mandated by the State of Connecticut.

EDUCATION AND TRAINING Attach additional sheet of paper if necessary.

EDUCATION	NAME OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	YEAR	COURSE DEGREE MAJOR
High School					
Business, Tech. or Vocational School					
College					
Graduate School					
Other					

NOTE: We require college transcripts for verification of professional education if there is an offer of employment.

EMPLOYMENT RECORD Begin with your current or most recent employment. Include all periods of military service. If you have no employment records, please list references in the Personal References section (next page).

NAME OF COMPANY	Dates Employed From	To	
Address			
Telephone			
Job title			
Duties and responsibilities			
Name of Immediate Supervisor		May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	
Reason for leaving			

NAME OF COMPANY	Dates Employed From	To	
Address			
Telephone			
Job title			
Duties and responsibilities			
Name of Immediate Supervisor		May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	
Reason for leaving			

NAME OF COMPANY	Dates Employed From	To	
Address			
Telephone			
Job title			
Duties and responsibilities			
Name of Immediate Supervisor		May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	
Reason for leaving			

PERSONAL REFERENCES May be current or former co-workers, friends, neighbors, etc.

Name	
Address	
Telephone	Email Address
Relationship	

Name	
Address	
Telephone	Email Address
Relationship	

Is there any additional information, including community activities, volunteer projects, hobbies, interests, etc. you would like us to consider?

APPLICANT STATEMENT

I, _____ certify that the answers I gave here are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and in my resume, if submitted, for employment as may be required by law, and as may be necessary for VNHLC to make an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with VNHLC is “at will”, which means that the employee may resign at any time and that the employer may discharge the employee at any time, with or without cause, within the law. It is further understood that the “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of the organization specifically acknowledges such change in writing.

If I am offered employment, I understand that false or misleading information given in this application my resume, references or interviews may result in discharge. I also understand that if I am employed, I am required to abide by all the rules and regulations of the employer, as well as state and federal regulatory requirements, accreditation standards, and any other regulatory governing bodies whose standards and regulations define the scope and practice of this agency.

SIGNATURE OF APPLICANT _____ DATE _____