

EMPLOYMENT APPLICATION
SALEM AREA VISITING NURSE ASSOCIATION
718 E. Third St. Ste A
Salem, Ohio 44460

The Salem Area VNA does not discriminate against qualified applicants or employees because of their race, color, creed, age, sex, nation origin or disability. We are an equal opportunity employer.

NAME			DATE	
ADDRESS			()	
CITY			TELEPHONE	
STATE		ZIP CODE		
POSITION(S) SEEKING	1)	EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	2)	EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		

Dates and times available for interview:

EDUCATIONAL INFORMATION

Can you furnish proof of education completed? YES NO

High School

School name		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City	State	Number of years completed _____	

College

School name		
City	State	Zip Code
Major	Years completed	Degree

Professional or Technical School

School name		
City	State	Zip Code
Major	Years completed	Diploma

Other

School name		
City	State	Zip Code
Major	Years completed	Diploma/Certificate

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GENERAL INFORMATION

Have you ever worked for Salem Area VNA? YES NO Give dates: _____ to _____

Age: Over 18 YES NO

Under 65 YES NO

Are you a US citizen? YES NO

Have you a legal right to remain permanently in the US? YES NO

Are you a veteran? YES NO _____
Branch Rank on discharge

Have you ever been convicted of a crime? YES NO
(excluding minor traffic violations)

If so, explain _____

Do you have any condition which limits your ability YES NO
to perform the job applied for?

If so, explain _____

Dates available for employment _____

Salary expectations _____

PROFESSIONAL OR TECHNICAL INFORMATION

RN LPN HHA Other _____

License/Certificate Number _____ Date of Expiration _____

State/Organization issuing license _____

Interim Permit Number _____ Interim Expiration Date _____

State issuing permit _____

Date taking State Exam _____

Any other information _____

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EMPLOYMENT HISTORY

(Please list most current first)

<u>Current Employer</u>	<u>Position Held</u>		
<u>Employment date</u>	<u>Street Address</u>		
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
	<u>Present Supervisor's Name</u>		<u>Title</u>
<u>Present Salary</u>	<u>Reason for Leaving</u>		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<u>Past Employer</u>	<u>Position Held</u>		
<u>Employment dates</u>	<u>Street Address</u>		
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
	<u>Supervisor's Name</u>		<u>Title</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<u>Past Employer</u>	<u>Position Held</u>		
<u>Employment dates</u>	<u>Street Address</u>		
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
	<u>Supervisor's Name</u>		<u>Title</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<u>Past Employer</u>	<u>Position Held</u>		
<u>Employment dates</u>	<u>Street Address</u>		
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
	<u>Supervisor's Name</u>		<u>Title</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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PERSONAL REFERENCES

Please list three (3) personal references (friends)

Name	Address	City	State	Zip
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BEFORE SIGNING THIS APPLICATION, PLEASE READ THE FOLLOWING:

As part of our normal procedure for processing applications a routine inquiry may be made. This inquiry typically contains information on an applicant's character, reputation and mode of living. Further information on the nature of such an inquiry is available to you upon request.

"All answers to the foregoing questions are true and correct to the best of my knowledge and belief. It is understood that any false statements will be sufficient reason for not being hired and/or reason for termination after employment."

Date _____ Signature _____

Applications are kept active for one year only.

Salem Area Visiting Nurse Association
Authorization for Employment Information

I grant Salem Area Visiting Nurse Association the right to obtain information concerning my past employment record. I hereby authorize my previous employers to remit information requested and absolve any employer releasing such information from liability.

I worked under the name(s) of _____
(please print)

Date: _____ Signature: _____

Social Security Number: _____