



11440 Olive Blvd., Suite 200  
 Creve Coeur, MO 63141  
 314-918-7111

## Application for Employment

Visiting Nurse Association shall not fail to hire, discharge or discriminate among applicants for employment or employees in terms of compensation, term, conditions and privileges of employment because of race, color, religion, national origin, sex or disability status.

*(Please Print All Entries)*

Last Name	First Name	M.I.	Date this Application	Social Security Number
Present Street Address	City		State	Zip Code
Telephone Number				
Position Desired	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	PRN <input type="checkbox"/>	Temporary <input type="checkbox"/>
	Summer Only <input type="checkbox"/>	Date Available to Start	Other than for religious reasons, are you available to work weekends and holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently or have you ever been employed by Visiting Nurse Association or its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, please indicate position and dates of Employment on the next line.	
Do you have valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>				
But for any disability you may have, is there any reason you could not perform the essential functions of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, please state reason.	

Clinical Applicants	Are you licensed, registered, certified or other? Please indicate.			
	Type	Number	Date of Expiration	State

### EDUCATIONAL BACKGROUND

LEVEL OF EDUCATION	Dates Attended				NAME AND ADDRESS	DID YOU GRADUATE?	TYPE OF DEGREE
	From	To	From	To			
	Month	Year	Month	Year			
HIGH SCHOOL	X	X	X	X		Yes <input type="checkbox"/>	
	X	X	X	X		No <input type="checkbox"/>	
COLLEGE OR UNIVERSITY						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
GRADUATE SCHOOL						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
PROFESSIONAL, VOCATIONAL, BUSINESS						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
OTHER						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	

**PLEASE COMPLETE FULLY – A RESUME WILL NOT SUBSTITUTE**

(Begin last employment first)				- EMPLOYMENT HISTORY -				
Dates		Dates		Name of Organization or Firm		Address		Telephone Number
From		To				City		
Month	Year	Month	Year			State	Zip Code	
Your Title				Supervisor's Name		Hours/Week	Salary/Hour	Reason For Leaving
							Beginning	Ending
Your Specific Duties:								
Dates		Dates		Name of Organization or Firm		Address		Telephone Number
From		To				City		
Month	Year	Month	Year			State	Zip Code	
Your Title				Supervisor's Name		Hours/Week	Salary/Hour	Reason For Leaving
							Beginning	Ending
Your Specific Duties:								
Dates		Dates		Name of Organization or Firm		Address		Telephone Number
From		To				City		
Month	Year	Month	Year			State	Zip Code	
Your Title				Supervisor's Name		Hours/Week	Salary/Hour	Reason For Leaving
							Beginning	Ending
Your Specific Duties:								
Dates		Dates		Name of Organization or Firm		Address		Telephone Number
From		To				City		
Month	Year	Month	Year			State	Zip Code	
Your Title				Supervisor's Name		Hours/Week	Salary/Hour	Reason For Leaving
							Beginning	Ending
Your Specific Duties:								
List any additional qualifications and/or skills you possess which should be considered in your employment.								
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>						Referred by:		

I authorize investigation of all statements contained in the application for employment. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for my dismissal. I also understand and agree that my previous employers shall be contacted for a reference and that continued employment is contingent upon references satisfactory to Visiting Nurse Association and that my previous employers shall not be liable for providing information to Visiting Nurse Association.

I understand and accept that my employment at Visiting Nurse Association is at-will. I understand that I may terminate my employment at anytime with or without cause and that Visiting Nurse Association has the same right to terminate my employment at anytime with or without cause and without prior notice.

I understand that I may be required to submit a blood or urine specimen for drug test purposes at any time during my employment and I hereby consent to such testing.

**NOTE: PLEASE READ ABOVE CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed