



Home Health Care ■ Hospice Care ■ Private Care

VISITING NURSE COMMUNITY HEALTH, INC.
37 Broadway, 2nd Floor
Arlington, Massachusetts 02474

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetic information or any other legally protected status.

(PLEASE PRINT)

Form with fields: Position(s) applied for, Date of Application, How were you referred to VNCH? (checkboxes for Advertisement, Friend, Walk-In, VNCH Employee, Employment Agency, Relative, Website, Other)

Form with fields: Last Name, First Name, Middle Name, Address (Number, Street, City, State, Zip Code), Telephone Number(s), Home Phone, Cell Phone

If you are under 18 years of age, can you provide required proof of your eligibility to work?
Have you ever filed an application with us before?
Have you ever been employed with us before?
Are you currently employed?
May we contact your present employer?
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: [] Full Time [] Part Time [] Per Diem [] Temporary

Can you travel if a job requires it? [] Yes [] No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name and Address of School	Course of Study	# of Years Completed	Diploma/ Degree
High School			
Undergraduate College			
Graduate Professional			
Other (Specify) i.e. military			

Type of Professional or Technical Licenses / Certification Held		
License or Registration No.	State or National	Expiration Date
1.		
2.		
3.		

Please indicate specialized experience

Professional/Technical	Clerical/Other
_____ Supervisory Position	_____ Bookkeeper
_____ Registered Nurse	_____ Clerk/Typist
_____ LPN	_____ Secretary
_____ Physical Therapist	_____ General Maintenance
_____ Speech Therapist	_____ Other
_____ Social Worker	
_____ Home Health Aide	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and verifiable volunteer activities. You may exclude organizational names which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	<u>Dates Employed</u> From: _____ To: _____	Work Performed
	Address	_____	
	Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting: _____	Final: _____
	Job Title	Supervisor	
	Reason for Leaving	_____	
2.	Employer	<u>Dates Employed</u> From: _____ To: _____	Work Performed
	Address	_____	
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting: _____	Final: _____
	Job Title	Supervisor	
	Reason for Leaving	_____	
3.	Employer	<u>Dates Employed</u> From: _____ To: _____	Work Performed
	Address	_____	
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting: _____	Final: _____
	Job Title	Supervisor	
	Reason for Leaving	_____	
4.	Employer	<u>Dates Employed</u> From: _____ To: _____	Work Performed
	Address	_____	
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting: _____	Final: _____
	Job Title	Supervisor	
	Reason for Leaving	_____	

If you need additional space, please continue on a separate sheet of paper.

Professional References

1.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
2.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
3.	_____ (_____) _____ (Name) Phone #
	_____ (Address)

REFERENCE RELEASE

I hereby authorize Visiting Nurse and Community Health, Inc. to contact any schools, former places of employment, and/or persons who may aid VNCH in determining my suitability for employment.

The VNCH may contact my present employer Yes No

The VNCH may contact my former employer(s) Yes No

Signature _____ Date _____

Visiting Nurse and Community Health, Inc.
37 Broadway, 2nd Floor, Arlington, Massachusetts 02474
Telephone Number (781) 643-6090 Fax Number (781) 643-7395

As an applicant for a position at Visiting Nurse and Community Health, Inc., I consent to their request for a reference and release any individual/organization from all liability whatsoever for issuing the requested information.

Authorized Applicant _____ Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.