

Bethel VNA APPLICATION FOR EMPLOYMENT

IMPORTANT: Please read carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, OR DISABILITY.

PERSONAL

Last Name	First Name	Middle Name	Today's date		
Present Address:	Street & Number	City	State	Zip Code	Home Telephone
Social Security Number	Position Applying for	Pay Expected	Business Telephone		
Special training or skills:					

Have you ever applied for employment with us? Yes No
 Will you be able to work beyond your normal scheduled hours? Yes No
 When will you be available to work? _____
 Do you have a driver's license? Yes No What State? _____
 Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes No
 Did you serve in the U.S. Armed Forces? Yes No – If yes what Branch? _____
 If you are hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

EDUCATION

School	Name & Address of School	Course of Study	No. of Yrs.	Graduated (yes or no)	Degree or Diploma
High School					
Business/Trade/ Technical					
College					
Graduate					
List any foreign languages you speak proficiently _____					

PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Telephone

EMPLOYMENT HISTORY (start with most recent employer)
(skip if resume provided)

Company Name	Telephone
Address	Employed (state month & year From to
Name of Supervisor	Weekly Pay
State job title and describe your work	Reason for leaving

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Address	Employed (state month & year From to
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State job title and describe your work	Reason for leaving

Interview: Date _____ Interviewer: _____

CRIMINAL HISTORY

This information will be available only to those persons directly involved in hiring or interviewing the candidate.

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142, which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which you have been found not guilty or a conviction for which you have received an absolute pardon.

If your only criminal record consists of items that have been erased under the statutes listed above, then you may state on this form that you have not been arrested.

Have you ever been arrested, or convicted of violating any law? Yes _____ No _____

If yes, please provide details below.

Signature _____ Date _____

BETHEL VISITING NURSE ASSOCIATION, INC.

AUTHORIZATION AND RELEASE

This **RELEASE** constitutes my consent and authorization to the Bethel Visiting Nurse Association to obtain from any law enforcement agency, person, corporation, association, organization, and from any other source whether or not designated by me, any and all information regarding my education, former civilian or military employment (including but not limited to evaluations and reasons for separation), credit standing, and all other information (needed for employment with the Bethel Visiting Nurse Association). I also consent to pre-employment drug testing and physical exam.

This **RELEASE** also constitutes my consent and authorization to any law enforcement agency, person, corporation, association, organization, and to any other source whether or not designated by me, to provide the aforementioned information to the Bethel Visiting Nurse Association.

This **RELEASE** is executed with full knowledge and understanding that the above mentioned entities will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it.

I hereby **RELEASE** the aforementioned persons, corporations, associations, organizations, and their employees, agents, representatives, managers, and officers thereof from any and all liability for damage of whatever kind or nature which occurs to me at any time as a result of compliance, or any attempts to comply with this **RELEASE**.

I understand that my employment is at will, and can be terminated at any time. Falsification of information on the employment application, or in the process of employment will be grounds for immediate termination.

A copy of this **RELEASE** shall be as effective and valid as the original.

DATE

SIGNATURE OF APPLICANT

STREET ADDRESS

CITY & STATE ZIP CODE