



## Application for Employment

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.*

**Personal (Please Print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_

How did you hear about the position: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES \_\_\_ NO \_\_\_

If no, please explain: \_\_\_\_\_

When would you be available to begin work: \_\_\_\_\_

Are you legally eligible to work in the United States: YES \_\_\_ NO \_\_\_ (Proof of identity and eligibility will be required upon employment)

Are you over 18: YES \_\_\_ NO \_\_\_

Driver's License Number (If driving is required for the position you are applying for): \_\_\_\_\_ State: \_\_\_\_\_

Have you ever worked for a **VSNA Network Hospital** before: YES \_\_\_ NO \_\_\_

If yes, where: \_\_\_\_\_ When: \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for a **VSNA Network Hospital**: YES \_\_\_ NO \_\_\_ If yes, who and where do they work: \_\_\_\_\_

Have you ever done an Internship, Externship, or any Shadowing at a **VSNA Network Hospital**: YES \_\_\_ NO \_\_\_

If yes, describe: \_\_\_\_\_

Are you available to work: DAYS \_\_\_ NIGHTS \_\_\_ WEEKENDS \_\_\_ FULLTIME \_\_\_ (List availability below)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you presently employed: YES \_\_\_ NO \_\_\_ If yes, may we contact your present employer: YES \_\_\_ NO \_\_\_

**Education (If hired you will be required to supply copies of any degrees or certifications.)**

Name and Location of School	Course of Study	Years Completed	Diploma or Degree Received	Certifications

Have you completed any special courses, seminars, and/or training that would enable you to perform the position you are applying for: YES \_\_\_ NO \_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment**

Employer _____	Telephone Number__ _____
Address _____	City _____ State _____
Starting Job Title/Final Job Title _____	
Immediate Supervisor _____	May we contact for reference: YES ___ NO ___ Later ___
Dates Employed _____	Rate of Pay (Beginning) _____ (Final) _____
Describe the work performed _____ _____ _____	
Reason for leaving _____	

Employer _____	Telephone Number__ _____
Address _____	City _____ State _____
Starting Job Title/Final Job Title _____	
Immediate Supervisor _____	May we contact for reference: YES ___ NO ___ Later ___
Dates Employed _____	Rate of Pay (Beginning) _____ (Final) _____
Describe the work performed _____ _____ _____	
Reason for leaving _____	

Employer _____	Telephone Number__ _____
Address _____	City _____ State _____
Starting Job Title/Final Job Title _____	
Immediate Supervisor _____	May we contact for reference: YES ___ NO ___ Later ___
Dates Employed _____	Rate of Pay (Beginning) _____ (Final) _____
Describe the work performed _____ _____ _____	
Reason for leaving _____	

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? \_\_\_ Yes \_\_\_ NO  
If yes, please provide date(s) and details \_\_\_\_\_

**References**

List the name and telephone number of three business references who are not personal references or related to you:

Name	Title	Relationship to you	Telephone	Years Known

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all others, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Officers.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***This company is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race; creed; color; religion; national origin; sex; age; disability; sexual orientation; gender identity or expression; genetic predisposition or carrier status; veteran, marital, or citizenship status; or any other status protected by law.***