



Employment Application

PLEASE PRINT

Name: _____
Last First Middle Initial

Street Address: _____

City State Zip Code

E-mail Address: _____

Telephone Number: (____) _____ Cell Phone Number: (____) _____

Social Security Number: _____

Position Applied For: _____

Visiting Nurse Service of Rochester and Monroe County, Inc.

And

Visiting Nurse Signature Care

2180 Empire Boulevard

Webster, NY 14580-2029

(585) 787-8323

Website: www.vnsnet.com



A United Way Agency

VISITING NURSE SERVICE AND SIGNATURE CARE are equal opportunity employers. Neither organization discriminates on the basis of race, creed, color, religion, national origin, citizenship, age, gender, sexual orientation, disability, marital status, veteran status or any other status protected by law.

PERSONAL INFORMATION

May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: ()	Have you applied to Visiting Nurse Service, VNS Signature Care or Community Care of Rochester/CCR before: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Have you been employed by Visiting Nurse Service, VNS Signature Care or Community Care of Rochester/CCR before: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Describe any previous Community Health experience:		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you possess a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of <u>any</u> offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours available M – F: Sat./Sun: Evening:
Minimum earnings expected \$ Per hour	Date available for work Transportation available to you <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other:

How were you referred to VNS or Signature Care?

<input type="checkbox"/> Radio	<input type="checkbox"/> Advertiser/Shopping Bag
<input type="checkbox"/> D & C	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Job Fair Location: _____
<input type="checkbox"/> Television	<input type="checkbox"/> Full Name of VNS/VNSC Employee: _____
<input type="checkbox"/> VNS Website	<input type="checkbox"/> Vocational Training _____
<input type="checkbox"/> Other Website	
<input type="checkbox"/> Career Builder	

What motivated you to consider an employment opportunity in the health care field?

Of all the health care employers in the Rochester area, what made you choose Visiting Nurse Service or Signature Care?

EXPERIENCE

**Starting with your current or most recent employer, list all employment.
Please include self-employment, summer and part time jobs**

Employer	Telephone ()	Start Date	End Date	Worked Performed
Street Address		Month/Day/Year	Month/Day/Year	
City	State	Zip Code		
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for leaving				

Employer	Telephone ()	Start Date	End Date	Worked Performed
Street Address		Month/Day/Year	Month/Day/Year	
City	State	Zip Code		
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for leaving				

Employer	Telephone ()	Start Date	End Date	Worked Performed
Street Address		Month/Day/Year	Month/Day/Year	
City	State	Zip Code		
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for leaving				

Employer	Telephone ()	Start Date	End Date	Worked Performed
Street Address		Month/Day/Year	Month/Day/Year	
City	State	Zip Code		
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for leaving				

Military Service Branch;	Rank and Job Title	Date Entered	Date Discharged
---	---------------------------	---------------------	------------------------

EDUCATION

Type	Name of School Address, City, State and Zip Code	Course of Study	Years Completed	Graduate	Degree/ Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/ Nursing				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL INFORMATION

Type of Professional License/Certification		
License Number	State	Expiration Date
List professional, trade, business or civic associations and any office held.		
<u>Organization</u>	<u>Offices Held</u>	
List special accomplishments, publications, awards, etc.		

WORK REFERENCES (do not include relatives)

Provide names, addresses, city, state, zip code and telephone numbers of three responsible references			
1.	<u>First Name</u> <u>Last Name</u>	<u>Street Address, City, State and Zip</u>	<u>Telephone Number</u>
2.			
3.			

VISITING NURSE SERVICE and SIGNATURE CARE are committed to providing the highest quality service to the community. VNS and Signature Care are also committed to the safety and comfort of their patients and staff. VNS and Signature Care therefore reserve the right to solicit information relative to your suitability for the position for which you are being considered. This information may include pre-placement physical examination, driving record, record of felony convictions, finding of patient/resident abuse, work history, and any other pertinent information. **Preplacement requirements include drug testing.**

I have read, understand and agree to the above statement and also understand that willfully omitting or providing false information on this application may result in the disqualification of my application for employment, disciplinary action or dismissal.

Signature

Date