



Home Health Aide Training Application

| | | |
|---------------------------------|-------|----------------|
| Name: _____ | | |
| Last | First | Middle Initial |
| 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

This application is for training and does not constitute an offer of employment. Eligibility for employment will be determined after an employment application is filed, an interview is performed, references are verified and the training program is successfully completed _____ Initials

Are you at least 18 years of age? _____ Yes _____ No Are you a citizen of the U.S _____ Yes _____ No
If no, do you possess a valid work permit? _____ Yes _____ No

Are you looking for Full Time Part Time Weekends Only

Date available to work: _____ Days of the week that you can work (*Circle*)

Number of hours available to work each week: _____ Su M Tu W Th F S

Have you applied for training with Visiting Nurse Service, VNS Signature Care or Community Care of Rochester before?
_____ Yes _____ No Date _____

Have you been employed by Visiting Nurse Service, VNS Signature Care or Community Care of Rochester before?
_____ Yes _____ No Date _____

Have you ever been convicted of any offense other than a traffic violation? _____ No _____ Yes Date _____

Mode of Transportation Car Bus

Driver License # _____ State _____ Expiration Date _____ Class _____

Other Information

How were you referred to VNS? Name of Newspaper _____

_____ VNS/Signature Care Employee Job Fair: Location _____

Vocational Training _____ Other _____

Television Walk-in

Radio

EDUCATION (Circle highest level completed)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 GED _____
Grade School High School College

Name of highest school attended City State Major Graduated?

Employment History

| Starting with your current or most recent employer, list all employment. Please include self-employment, summer and part time jobs | | | | |
|---|---------------------|---------------------------|--------------|-------------------------|
| Employer | Telephone () | From | To | Worked Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for leaving | | | | |
| | | | | |
| Employer | Telephone () | From | To | Worked Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for leaving | | | | |
| | | | | |
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| | | | | |
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| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for leaving | | | | |
| | | | | |

WORK REFERENCES (Do not include family or significant others)

| Name | Address | City | State | Zip | Telephone |
|------|---------|------|-------|-----|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

1. I want to become a Home Health Assistant because _____

2. I feel that I would be a good Home Health Assistant because _____

Applicant's Statement

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.

After successful completion of training, an individual is qualified to apply for employment as a Home Health Assistant. 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 training for which you are being considered. Should you be considered for employment after successfully completing training, the following would be considered in the employment decision: medical clearance including drug testing, driving record, record of felony convictions, finding of patient/resident abuse, work history, and any other pertinent information.

I understand that omissions and/or misrepresentations made on the application form may be cause for my removal from training. I therefore certify that the information contained therein is true and complete to the best of my knowledge.

I further understand that I will not receive any wages, stipends or any other payments until such time as I may be selected for employment following the completion of the training program. I understand that a safe driving record is a requirement for a driving position.

Signature

Date