



Employment 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

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"/> VNS or Signature Care Employee <input type="checkbox"/> Newspaper (____ Sunday ____ Daily) Name: _____ <input type="checkbox"/> Job Fair: <input type="checkbox"/> VNS Website <input type="checkbox"/> School Counselor: <input type="checkbox"/> Other Internet Website: _____ <input type="checkbox"/> Other: _____		
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. Use an additional sheet if necessary and list all information even if attaching a resume.

Employer ()	Telephone	<u>Date</u>	<u>Employed</u>	
		From	To	Worked Performed
Address				
Job Title		Hourly	Rate/Salary	
Supervisor		<u>Starting</u>	<u>Final</u>	
Reason for leaving				

Employer ()	Telephone	<u>Date</u>	<u>Employed</u>	
		From	To	Worked Performed
Address				
Job Title		Hourly	Rate/Salary	
Supervisor		<u>Starting</u>	<u>Final</u>	
Reason for leaving				

Employer ()	Telephone	<u>Date</u>	<u>Employed</u>	
		From	To	Worked Performed
Address				
Job Title		Hourly	Rate/Salary	
Supervisor		<u>Starting</u>	<u>Final</u>	
Reason for leaving				

Employer ()	Telephone	<u>Date</u>	<u>Employed</u>	
		From	To	Worked Performed
Address				
Job Title		Hourly	Rate/Salary	
Supervisor		Starting	Final	
Reason for leaving				

Military Service	Rank and Job Title	Date Entered	Date Discharged
Branch			

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		
<u>Name</u>	<u>Address, City, State and Zip Code</u>	<u>Telephone Number</u>
1.		
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