



509 E. Montecito Street, Ste 200
 Santa Barbara, CA 93103
 Tel: (805) 965-5555
 Fax: (805) 963-2375
www.vna.health

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Completion of this form is a required part of the application process for all jobs. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important to answer all questions on the application form fully and accurately. Failure to do so may disqualify an individual from being considered for a position, or if hired, may result in termination of employment.

VNA Health does not discriminate against any person on the basis of race, color, national origin, disability, religion, gender, sexual orientation or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact the HR Director at (805) 965-5555 or email HRDirector@vna.health.

(PLEASE PRINT)

Position(s) you are applying for:		Date of Application:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary or Per Diem <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____		Desired Salary:	
Last Name	First Name	Middle Name	
Address Number	Street	City	State Zip Code
Email address:		Social Security Number	
Telephone Number(s) (Home)	(Work)	(Mobile)	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement (Specify: _____)		<input type="checkbox"/> Friend _____	
<input type="checkbox"/> Employee (Name: _____)		<input type="checkbox"/> Walk-in <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

GENERAL INFORMATION

Are you able to provide authorization to work in the United States, within 3 days of hire date? Yes No

Are you at least 18 years of old? Yes No *If you are under age 18, do you have an employment/age certificate?* Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever applied to or worked for VNA Health before? Yes No *If yes, when?* _____

Do you have any friends or relatives working for VNA Health? Yes No *If yes, state name(s) and relationship(s)*

Do you have any commitments to another employer that may affect your employment with us? Yes No

If yes, please provide further information _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have any limitation on your ability to perform the duties of the job? Yes No

If yes describe the conditions and the nature of your work limitations _____

(Note: All new hires are subject to passing a physical examination and a drug test.)

POSITION/AVAILABILITY

Why do you think you are qualified for this position?

What days are you available for work? Mon Tues Wed Thurs Fri Sat Sun

What hours are you available for work? Days Evenings Nights

Are you available to work weekends? Yes No *Specific Day/Hour availability:* _____

What date are you available to start work? _____

If applying for temporary work, during what period of time will you be available? From _____ To _____

EXPERIENCE

Language #1: _____

Speak: Fluent Fair Poor Read: Fluent Fair Poor Write: Fluent Fair Poor

Language #2: _____

Speak: Fluent Fair Poor Read: Fluent Fair Poor Write: Fluent Fair Poor

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at VNA Health?
If so, please explain:

Are you licensed/certified in California for the job you are applying for? N/A Yes No

Name of license/certification _____ Expiration Date _____

Issuing state _____ License/certification number _____

Has your license/certification ever been revoked or suspended?

Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

EDUCATION

SCHOOL	NAME AND ADDRESS	YEARS COMPLETED	MAJOR	DIPLOMA DEGREE CERTIFICATE
High School/ Equivalent				
Vocational/ Business				
Health Care (Special Courses)				
College/ University				
Graduate School				

EMPLOYMENT HISTORY

Please complete the section below as thoroughly as possible. List all present and past employment (full or part time), including periods of unemployment. Start with your most recent employer, and go back at least 10 years. **Please complete this section even if you have / will be submitting a resume.** If you need additional space, please continue on a separate sheet of paper.

Employer 1		Dates Employed		Worked Performed/Responsibilities
		From	To	
Address				
Telephone Number(s)				
Position/Job Title	Supervisor			
Reason for Leaving				

May we contact Employer 1?

Yes No

Employer 2		Dates Employed		Worked Performed/Responsibilities
		From	To	
Address				
Telephone Number(s)				
Position/Job Title	Supervisor			
Reason for Leaving				

May we contact Employer 2?

Yes No

Employer 3		Dates Employed		Worked Performed/Responsibilities
		From	To	
Address				
Telephone Number(s)				
Position/Job Title	Supervisor			
Reason for Leaving				

May we contact Employer 3?

Yes No

REFERENCES

List below persons who have knowledge of your work performance within the last three years:

Name: _____ Relationship to you: _____
Occupation: _____ Email Address: _____
Home Telephone Number: (_____) _____ Cell Telephone Number: (_____) _____
Work Telephone Number: (_____) _____ Number of Years Acquainted: _____

Name: _____ Relationship to you: _____
Occupation: _____ Email Address: _____
Home Telephone Number: (_____) _____ Cell Telephone Number: (_____) _____
Work Telephone Number: (_____) _____ Number of Years Acquainted: _____

Name: _____ Relationship to you: _____
Occupation: _____ Email Address: _____
Home Telephone Number: (_____) _____ Cell Telephone Number: (_____) _____
Work Telephone Number: (_____) _____ Number of Years Acquainted: _____

Name: _____ Relationship to you: _____
Occupation: _____ Email Address: _____
Home Telephone Number: (_____) _____ Cell Telephone Number: (_____) _____
Work Telephone Number: (_____) _____ Number of Years Acquainted: _____

DISCLAIMER

PLEASE READ, INITIAL ON THE LINE AT THE END OF EACH PARAGRAPH, AND SIGN BELOW

I certify that the information provided in this application is true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, misrepresentation or concealment of information on this application, during interviews, or at any other time during the hiring process may result in rejection of this application or, if hired, may result in discipline up to and including dismissal, regardless of the time elapsed before discovery. _____

I hereby authorize VNA Health to thoroughly investigate my references, work records, and other matters related to my suitability for employment and, further, authorize my former and current employers to disclose to the company any and all letters, reports and other information related to my work history. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and VNA Health. I also understand that all offers of employment are conditional upon satisfactory reference checks, completion of VNA Health's standard confidentiality agreement and production of documents necessary for VNA Health to verify identity and work authorization in accordance with the USCIS form I-9. I also understand that a company paid drug test and/or physical examination and background and/or credit check may be required and if performed, employment would be contingent upon satisfactory results. I also authorize VNA Health to conduct any of the foregoing. _____

I understand and agree that my employment is at-will and I may terminate my employment at any time without cause or notice; similarly, my employment may be terminated or my status changed (for example, my position may be changed, I may be demoted, or my benefits may be changed) by the Company at any time without cause or notice. I also understand that this at-will agreement will remain in effect throughout the duration of my employment and may only be changed by a written agreement signed by the President/CEO of VNA Health. _____

Do you agree with the terms and conditions? Yes

Applicant's Signature: _____ Date: _____

Print Name: _____

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