

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 any category prohibited by local, state, or federal law in admission, treatment, or participation in its programs, services and activities, or in employment. For applicants requiring reasonable accommodation to the application and/or interview process, contact the Human Resources Department at (805) 965-5555 or email hr@vna.health.

(PLEASE PRINT)

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

Additional Languages? _____

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

License/certification number _____ Expiration Date _____

Has your license/certification ever been revoked or suspended? ☐ N/A ☐ 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
High School/ Equivalent				
Vocational/ Business				
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

REFERENCES

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

Name:	Name:
Phone Number:	Phone Number:
Relationship to you:	Relationship to you:
Email Address:	Email Address:
Number of Years Acquainted:	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 VNA Health and all letters, reports and other information related to my work history. In addition, I hereby release VNA Health, 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 VNA Health 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 VNA Health 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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