

# VISITING NURSE ASSOCIATION

Wellness Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Home Phone		E-mail Address	
Work Phone		Cell Phone	
Emergency Contact Info	Name:		Phone #
Date Available		Social Security No.	Desired # of hours to work per/week
Position Applied for (Circle One): <i>RN</i> <i>LPN</i> <i>CMA</i> <i>Clerk</i> <i>Data Entry</i>			
Are you available (Circle all that apply): <i>Weekdays</i> <i>Weekends</i> <i>Short Notice</i> <i>Evenings</i> <i>Days</i>			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
Are any disciplinary actions pending against you or your professional license?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b><i>**Nurses Only</i></b>	
Glove Size: S M L XL	Are you allergic to Latex? Yes No

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Furthermore, I acknowledge this is a temporary employment position, which may end at anytime without notice.	
Signature	Date

Name: \_\_\_\_\_ Best Contact Phone No. \_\_\_\_\_

EMAIL: \_\_\_\_\_ Desired # of hrs. Per/week \_\_\_\_\_

RN    LPN    Clerk

GLOVES:   S   M   L   XL   LATEX ALLERGY

Please write the **SPECIFIC** hours you are available on the **SPECIFIC** days you are available.  
 Mark an **X** on any day you cannot work. Remember... *flexibility* is the key!

**September 2011**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**OCTOBER 2011**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**NOVEMBER 2011**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			