



"...We bring healthcare wherever it's needed."

# EMPLOYMENT APPLICATION

www.vnafoxvalley.org

Thank you for your interest in career opportunities with the Visiting Nurse Association (VNA) of Fox Valley. VNA is an Equal Opportunity Employer. We comply with all applicable Federal, State, and Local laws concerning discrimination in employment. No questions in this application are intended to elicit information in violation of any such law nor will information obtained in response to any question be used in violation of any such law. Make sure you complete this application with a blue or black pen. **PLEASE RETURN THIS APPLICATION (WITH RESUME/CV) VIA FAX TO: 630.978.2709 OR MAIL TO: VNA OF FOX VALLEY, ATTENTION HUMAN RESOURCES, 400 N. HIGHLAND AVENUE, AURORA, IL 60506.**

## Candidate Information

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever applied for employment with us? Yes No

If yes, please provide month/year and position(s): \_\_\_\_\_

Have you worked with us in the past? Yes No

If yes, please give date(s) and position(s): \_\_\_\_\_

## Career Preferences

Position(s) Applied For: \_\_\_\_\_

List Professional Licenses/Certifications (Type/Number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your preferred hours/shift? \_\_\_\_\_

Work Preference (Please circle)? Full-Time Part-Time PRN Temporary Seasonal Internship

Location(s) interested in working in? \_\_\_\_\_

Are you available to work Evenings (Please circle)? Yes No Weekends (Please circle)? Yes No

Holidays? (Please circle)? Yes No Overtime (Please circle)? Yes No

What is your desired salary? \_\_\_\_\_ When can you begin working? \_\_\_\_\_

## Doctors/Nurse Practitioners Only

NPI#: \_\_\_\_\_ UPIN#: \_\_\_\_\_

DEA#: \_\_\_\_\_ Medicare#: \_\_\_\_\_

If applicable, ECFMG# (Educational Commission for Foreign Medical Graduates): \_\_\_\_\_

Specialty Area: \_\_\_\_\_

Board Certified (Please circle)? Yes No If no, when will you take your Board exam? \_\_\_\_\_

Residency Program Completed Date: \_\_\_\_\_ Location? \_\_\_\_\_

## Education

For each please list name and city, degree/certification completed and circle last year completed.

High School	Specific Degree/Certification	Last Year Completed			
		9	10	11	12
_____	_____				
College		1	2	3	4
_____	_____				
Graduate School		1	2	3	4
_____	_____				
Other					
_____	_____				

## Skills/Qualifications

List any relevant special achievements, skills, training, special study, or research. May include military with branch of service, discharge date and rank.

\_\_\_\_\_

List volunteer, community service, or other activities.

\_\_\_\_\_

Do you speak any languages other than English?      Yes      No

If Yes, which languages? \_\_\_\_\_

## Miscellaneous

1. Have you been convicted of a crime other than minor traffic offenses? Applicant is not required to disclose records sealed or expunged by a Court. A conviction record will not necessarily disqualify applicant from employment consideration. (Please circle) Yes      No      If "Yes", please describe in detail the nature and date of the conviction, and any rehabilitation that has since occurred: \_\_\_\_\_

2. Are you either a U.S. citizen or an alien who has the legal right to remain and work in the United States? (Please circle) Yes      No      Proof of identity and employment authorization will be required upon employment.

3. If you are under 18, are you able to furnish a work permit? (Please circle) Yes      No

## How Did You Hear Of Us?

Please check and list specific source.

- VNA Employee: \_\_\_\_\_
- Newspaper: \_\_\_\_\_
- Publication/Magazine: \_\_\_\_\_
- Website/Online: \_\_\_\_\_
- College: \_\_\_\_\_
- Chamber of Commerce: \_\_\_\_\_

- Family: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Employment Agency: \_\_\_\_\_
- Organization: \_\_\_\_\_
- State Employment Office
- Walk-In
- Other: \_\_\_\_\_

## Work History/References



Please list present and former employers, beginning with the most recent. All information must be completed. Note any gaps in employment. We prefer to have at least 2 professional references (DIRECT SUPERVISORS) for each of your previous positions that you have held. Feel free to attach your resume/CV and any additional references or letters of recommendation.

#1 - Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
Fax: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ May We Contact This Employer (Please circle)? Yes No

#2 - Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
Fax: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ May We Contact This Employer (Please circle)? Yes No

#3 - Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
Fax: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ May We Contact This Employer (Please circle)? Yes No

#4 - Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_  
Supervisor and Title: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
Fax: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ May We Contact This Employer (Please circle)? Yes No



## **Application Verification/Acknowledgement/Disclosure Consent**

In completing this application I verify that everything is complete, true and accurate. Should I be granted a personal interview, I agree that information will be true as well. I understand that any false statements or material omissions could lead to immediate termination. I understand that this Application will be retained for 1 year from the date I signed the document; after which time, should I want to be considered for a position with VNA of Fox Valley I will need to re-apply. I also agree that by signing this form, I authorize VNA of Fox Valley to conduct an in-depth background reference verification.

I understand that VNA of Fox Valley will utilize outside agencies as part of the procedure for processing my Application for employment. I also understand that if my Application for employment is granted, VNA of Fox Valley may obtain further information through subsequent investigations so as to update, renew or extend my employment. Reports may include, but are not limited to, a credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

Furthermore, VNA of Fox Valley has the right to verify information; with consideration to the position I am applying for, my motor vehicle department, social security, personal reference, sex offender registry, certification and license registries, etc. VNA of Fox Valley has the right to use outside agencies as it deems necessary to verify this information and/or during the course of an investigation at any time prior to or during my employment. I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. I also acknowledge that I may be required to participate in Fit for Duty and pre-employment testing that may include a physical and functional exam, drug screening, Two Step TB testing, Hepatitis vaccinations, etc.

I hereby consent to any investigations and authorize VNA of Fox Valley to procure reports as they pertain to my employment. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any Agreement for employment for any specified period of time, or to take any agreement contrary to the terms and conditions of this Application Verification/Acknowledgement/Disclosure Consent, unless it is in writing and signed by an authorized representative of the VNA of Fox Valley. Should I be offered a job, I agree to comply with the VNA of Fox Valley policies and procedures. I understand that VNA of Fox Valley is not obligated to provide employment and that I am not required to accept employment. Nothing in this Application is intended to create any contract of employment. VNA of Fox Valley is an at-will employer.

Applicant Full Name (Printed): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date