



## Application for Employment

Name: Last	First	Middle	Other name(s) used:	
Address:	City	State	Zip	Telephone no. Home:  Mobile:
Position desired	Date of Application		Social Security No.  Email Address:	

### Educational History

School Name	Location (City, State)	Major course or subject	Dates attended From To		Graduated Yes No		Degree
High School							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

### Special Skills

To be completed by applicant	
Typing	_____ Yes      Words per minute _____ No
Computer Skills	_____ Hardware _____ Software
Please list other skills and/or equipment experience you have:	
Language spoken:	Written:
Professional memberships, certificates, or licenses held	

## Employment Record – Please include copy of resume.

Starting with the present or most recent, list all previous employers. If more space is required, please continue on a separate sheet of paper.

Last or present company	Type of Business	Title or job classification
Street address	Phone No.	Brief description of job duties
City	State	Zip Code
Dates worked From	To	
Reason for leaving		
Last or present company	Type of Business	Title or job classification
Street address	Phone No.	Brief description of job duties
City	State	Zip Code
Dates worked From	To	
Reason for leaving		
Last or present company	Type of Business	Title or job classification
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Last or present company	Type of Business	Title or job classification
Street address	Phone No.	Brief description of job duties
City	State	Zip Code
Dates worked From	To	
Reason for leaving		

## Employment Record (cont.)

Last or present company		Type of Business	Title or job classification	
Street address		Phone No.	Brief description of job duties	
City	State	Zip Code		
Dates worked From		To		
Reason for leaving				
Were you previously employed by this Agency? _____ Yes ___ No      If yes when and in what position?				
How did you hear of this position?				
Do you have any relative(s) currently employed by Agency? _____ Yes If yes, list below _____ No				
Name Position		Relationship	Name      Relationship      Position	
Is there any reason why you cannot perform the essential functions of the position for which you are applying? ___Yes ___No				
If yes explain: _____				
Do you have a valid driver's license? ___Yes ___No Which state?				
Do you have a car available for travel? ___Yes ___No				
Can you provide proof of auto insurance? ___Yes ___No				
Rhode Island law requires employees of home health agencies to be subject to a criminal background check. Would you oppose to such a check? ___Yes ___No				

## Professional/Work References

List two most recent supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you're are applying.

Name	Title/relationship	Address (street, city, state, zip code)	Phone No. (include area code)	Occupation

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for employment:

I hereby affirm that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I understand that completion of this application does not assure me of a position with Visiting Nurse Home & Hospice (the "Company"). I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will" and may be terminated at any time, with or without cause, by me or the Company. I understand that no representative of the Company has any authority to enter any agreement for employment with me contrary to the foregoing.

I hereby authorize the Company to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the Company and I hereby agree to hold harmless the Company and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to the Company.

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

\_\_\_\_\_  
*Date*

**Interview comments:**
