

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="radio"/> Advertisement	<input type="radio"/> Friend	<input type="radio"/> Walk-In
<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number (s)	Social Security Number
Emergency Contact (Name/Relation/Phone)	

If you are under 18 years of age, can you provide required proof of your eligibility to work ?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, please give date \_\_\_\_\_

Have you ever been employed with us before  Yes  No

If Yes, please give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain \_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

Please indicate any foreign languages you can speak, read and / or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Please describe any specialized training apprenticeship, skills and extra-curricular activities.


Please describe any job-related training received in the United States Military.



# Employment Experience

Please start with your present or last job and include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			Supervisor
Reason for Leaving			
<b>2. Employer</b>	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			Supervisor
Reason for Leaving			
<b>3. Employer</b>	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			Supervisor
Reason for Leaving			
<b>4. Employer</b>	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			Supervisor
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

Please list professional, trade business or civic activities and offices held. *You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview       Yes       No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed       Yes       No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This application for Employment is sold for general use throughout the United States, Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the Employer of the job applicant, may violate State and / or Federal Law.



I, \_\_\_\_\_(written name),

hereby give my permission for the Visiting Nurse Association of Somerset Hills to contact the following reference for the information concerning my past work experience.

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Phone Number\_\_\_\_\_

Contact Person / Supervisor

\_\_\_\_\_

Signature:\_\_\_\_\_

Date\_\_\_\_\_

Position Applied For:\_\_\_\_\_



**NOTIFICATION TO APPLICANT  
OF INTENT TO OBTAIN BACKGROUND INFORMATION**

As part of our employment procedure, for all prospective employees extended an offer of employment, the Visiting Nurse Association of Somerset Hills (VNA) will conduct a state criminal background check and a DMV driver's record check. VNA will also send prospective employees to a designated Diagnostics Lab to collect a urine sample to screen for illicit substances.

For all Healthcare professionals, VNA complies with the NJ Health Care Professional Responsibility and Reporting Enhancement Act in obtaining information regarding past job performance, conduct and competence.

VNA will use the information obtained for employment purposes only.

To authorize VNA to conduct these checks, please sign the Consent and Release Form provided below.

**NOTE:** If you do not authorize VNA to conduct these checks, VNA is entitled under law to refuse to consider you for hire.

**CONSENT AND RELEASE FORM**

I HEREBY AUTHORIZE, WITHOUT RESERVATION, VNA TO CONDUCT ALL BACKGROUND CHECKS, REFERENCE CHECKS AND A DRUG SCREENING.

I UNDERSTAND THAT MY REFUSAL TO AUTHORIZE VNA TO CONDUCT THESE CHECKS MAY RESULT IN THE REVOCATION OF ANY OFFER OF EMPLOYMENT THAT I HAVE RECEIVED AND MY EXCLUSION FROM CONSIDERATION FOR FUTURE EMPLOYMENT WITH VNA. THUS, I HEREBY RELEASE VNA AS WELL AS THE CONSUMER REPORTING AGENCY OR ANY OTHER ENTITY RETAINED TO PROVIDE INFORMATION REGARDING MY BACKGROUND, ITS OFFICERS, EMPLOYEES OR AGENTS, PARENT COMPANIES, SUBSIDIARIES, AFFILIATES, FROM ALL CLAIMS, SUITS, ACTIONS AND JUDGMENTS RESULTING FROM OR ARISING OUT OF THE BACKGROUND CHECKS AND DRUG SCREEN EITHER DIRECTLY OR INDIRECTLY.

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Date)

**\*We need a copy of your current New Jersey's Drivers License**

