



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

I CERTIFY THAT THIS INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS ON THIS APPLICATION OR OTHER PRE-EMPLOYMENT DOCUMENT, NO MATTER WHEN DISCOVERED, IS CAUSE FOR IMMEDIATE DISMISSAL. I AUTHORIZE THE VISITING NUSRE ASSOCIATION TO VERIFY THE STATEMENTS MADE HEREIN BY SEEKING REFERENCES FROM PREVIOUS EMPLOYERS AND I AGREE TO HOLD THE VISITING NUSRE ASSOCIATION HARMLESS FROM ANY RESULTING EMPLOYMENT ACTIONS OR DECISIONS. I CONSENT TO ALL MEDICAL EXAMINATIONS REQUIRED BOTH AS A CONDITION OF EMPLOYMENT AND CONTINUED EMPLOYMENT. IF ACCEPTED FOR EMPLOYMENT, I AGREE TO FULLY ADHERE TO RULES, REGULATIONS AND POLICIES GOVERNING EMPLOYMENT WITH THE VISITING NURSE ASSOCIATION.

APPLICANT'S SIGNATURE

DATE

Please type or print in ink. COMPLETE A SEPARATE APPLICATION FOR EACH POSITION

Type of work desired:	Will you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Weekends <input type="checkbox"/> Temporary	Hours available for work	Shift preference <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Any
NAME (First, Middle, last)		Home Phone	Other
Address (Number, Street, City, State and zip code)			
Social Security Number	Date available for work	Expected rate of pay	Are you over 18 years of age? Yes _____ No _____

EDUCATION

Place "X" in column indicating highest grade completed												Name and location of last high school attended:			
1	2	3	4	5	6	7	8	9	10	11	12				
Name and location of educational institution attended after High School and major								Dates Attended		Degree Received	Year Received				
								From	To						
1															
2															
3															
4															

SPECIAL QUALIFICATIONS AND SKILLS

Are you licensed in MD? licensed Yes _____ No _____	License No.	Expiration Date	Other states
Remarks: (Indicate any education/training not shown elsewhere)		Typing WPM	Shorthand WPM

MILITARY SERVICE EXPERIENCE

Have you served in the U.S. Armed Forces: Yes _____ No _____	Dates of Service _____ to _____	
Branch	Final Rank	Describe Duties:

EXPERIENCE

START WITH PRESENT OR LAST EMPLOYER AND WORK BACK. IF ADDITIONAL SPACE IS NEEDED, USE AS SEPARATE SHEET.

IF YOU HAVE WORKED UNDER ANOTHER NAME, PLEASE PROVIDE: _____

MAY REQUESTS OF YOUR EMPLOYMENT RECORD BE SOLICITED FROM YOUR PRESENT EMPLOYER?

YES _____ NO _____

A. Dates of Employment (month, year) From _____ To _____	Exact title of position	Salary
Name and address of employer (firm, organization, etc.) Name of immediate supervisor		
Reason for leaving		
Description of work		
B. Dates of Employment (month, year) From _____ To _____	Exact title of position	Salary
Name and address of employer (firm, organization, etc.) Name of immediate supervisor		
Reason for leaving		
Description of work		
C. Dates of Employment (month, year) From _____ To _____	Exact title of position	Salary
Name and address of employer (firm, organization, etc.) Name of immediate supervisor		
Reason for leaving		
Description of work		
POLYGRAPH EXAMINATION: UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEAMNOR AND SUBJECT TO A FINE NOT EXCEED \$100.00.		
_____ APPLICANT'S SIGNATURE	_____ DATE	_____ OTHER INFORMATION
DO YOU HAVE A CURRENT MARYLAND DRIVERS LICENSE? _____ WOULD YOU BE WILLING TO USE YOUR VEHICLE FOR WORK PURPOSES? _____ HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST SEVEN (7) YEARS? (EXCLUDE MISDEAMNORS AND MINOR TRAFFIC VIOLATIONS. CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.) IF YES, EXPLAIN _____		

I understand that, if hired I will be an employee at will. I will have the right to terminate my employment at any time and for any reason, and understand that the company has a similar right, regardless of cause. My status as an employee at will may only be modified by a written contract of employment signed by an appropriate office of the company.

APPLICANT'S SIGNATURE

DATE