APPLICATION FOR EMPLOYMENT



(Please print all information requested except signature)

ING NURSES PERSON	IAL INFORMATION				
_egal Name					
Last		First	MI		
Address					
Numb	er & Street	City	Sta	te Zip	
Telephone #s where w	re can contact you:				
Home	Wor	·k	Cell		
E-mail					
f you are under 18 yea	ars of age, can you pr	ovide required proof	of your eligibility to w	/ork? ☐ Yes☐ No	
Are you legally eligible (If offered employment			☐ Yes ation to verify eligibil	□ No ity)	
Date available to begin	work	Desi	ed Hours Per Week		
Hours Available: Mon	Tues	Wed	Thurs	Fri	
Sat _	Sun				
Able to work: Holid	ays □ Weekends □	Evenings Nights			
Oriver's License # State			Expiration		
Jo vou have an autom					
o you have an autom	iobile available for trai	nsportation while on (duty? □ Yes □ I	No	
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If yes, please explain _____

REFERENCES: Please list three references that we may contact who are able to verify your qualifications by providing professional and/or character references for you. List persons who have known you for at least one year. Please do not use people you are related to or that you live with as a reference. Relationship Name Day time phone # Have you ever worked for our agency before? \square Yes \square No If yes, when and in what capacity?

Reason for separation **EMPLOYMENT HISTORY:** Please start with your most recent employer, including military service. If information is already on your resume, fill in only those items not listed on your resume. Explain any gaps in work history. Other name(s) under which you have worked or attended school Company ______ Phone _____ Address ____ Dates of employment Position held Name & title of immediate Supervisor Description of main job duties Reason for leaving Company Phone Phone Address _____ Position held ______ Dates of employment _____ Name & title of immediate Supervisor _____ Description of main job duties _____ Reason for leaving _____ Company ___ Phone Address _____ Position held Dates of employment Name & title of immediate Supervisor Description of main job duties _____ Reason for leaving ______ Company _____ Phone _____ Address Position held ______ Dates of employment _____ Name & title of immediate Supervisor Description of main job duties _____ Reason for leaving _____ Do we have permission to contact your references and the employers listed above? \Box Yes \Box No If no, please explain

Did you complete this application yourself? ☐ Yes ☐ No If no, who did? ______

Affirmative Action Policy

The Douglas County Visiting Nurses Association, Inc is an equal employment opportunity employer. Equal employment opportunity is provided to all applicants without regard to race, color, religion, gender, sexual orientation, age, national origin, ancestry, disability, genetic information, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Our Mission and Values are the foundation for how we deliver home health care and hospice services. If you agree with our Mission and Values and will support them in your action, please continue completing your application.

Our Mission

The mission of the Douglas County Visiting Nurses Association, Inc is to provide excellent community-based health care and support services throughout the continuum of care.

Our Values

To affirm the dignity, worth, and quality of human life in all of its phases

To promote creativity and lifelong learning in an atmosphere of cooperation, teamwork, and fairness

To be honest and maintain confidentiality in all of our interactions

To be a financially viable, cost-effective not-for-profit organization that meets the needs of clients and staff To maintain excellence as evidenced by positive, measurable outcomes

Your application will remain active for sixty (60) days following the date on the application. Consideration for employment after this time requires a new application.

Applications are screened by the Human Resources Manager before being forwarded to appropriate supervisors. Applicants selected for an interview will be contacted by phone. The hiring process may take two to four weeks.

Applications are accepted during regular office hours (8:30 am to 5:00 pm Monday through Friday). Completed applications may be mailed to: 200 Maine, Suite C, Lawrence, KS 66044; e-mailed to: H_Resources@kansasvna.org or faxed to: (785) 843-6439.

I authorize the Visiting Nurses to investigate any or all statements contained in this application and to obtain information concerning my qualifications as a prospective employee. I authorize my former employers and references listed to make full response to any inquiries made by designated staff members of VNA concerning my previous employment and my work performance. I release all such persons and entities from all liability with respect to providing such information to VNA.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment with VNA. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that employment is for an indefinite period of time and "at will." This means that either VNA or I may terminate my employment at any time with or without notice or cause. I understand that the Visiting Nurses requires a criminal background and motor vehicle records (MVR) check for all employees once a conditional offer of employment has been extended by the hiring manager.

certify that the information contained in this employm knowledge and that any misstatements or omissions i employed, may be considered cause for dismissal.		
Signature	Date	