



Community VNA

10 Emory Street
Attleboro, MA 02703

508.222.0118
800.220.0110
Fax 508.226.1012
www.communityvna.com

EMPLOYMENT APPLICATION

Please read carefully, print clearly and answer all questions. The questions on this application enable us to properly evaluate your ability and chances for success in the position for which you are applying. Your application will not be processed unless all questions are answered. This application conforms to federal and state laws. Community Health Systems and its subsidiaries (hereafter known as the Organization) are equal opportunity employers; all qualified applicants will receive consideration without regard to race, color, religion, age, gender, sexual orientation, national origin, ancestry, disability, veteran status, or any other status protected by law.

PERSONAL INFORMATION

Last Name First Name Middle Today's Date

Mailing Address Home / Cell Phone

H () -

C () -

City State Zip Social Security Number

- -

Position Applying For: Weekends and holidays may be required for some positions. Availability:
Days Evenings Weekends
Full-time Part-time Per Diem

Do you have a legal right to remain and work in the United States? Yes No
Proof of eligibility will be required upon offer of employment.

Have you worked for this Organization before? Yes No

If yes, state dates worked: _____ Position: _____

If your employment with us was under another name, please state your former name: _____

MILITARY RECORD

Branch of Service: _____ Dates: _____

Are you a member of any Military Reserve Unit? Yes No

If yes, give name: _____

PERSONAL DATA

MILITARY DATA

POSITION DATA

ADDITIONAL INFORMATION

Date available for work: Expected salary:

List hobbies and /or interests:

List professional and community organizations in which you hold membership: (Does not include religious or gender groups)

Are you related to anyone in our employ? Yes [] No []

If yes, state name and position:

How did you learn of this position?

EMPLOYMENT HISTORY

Give a complete history of employment experience and/or verified work performed on a volunteer basis and reasons for period unemployed during the past ten years. Begin with the most recent employment.

Organization Address Phone

Dates Associated From-To Position Held/Service Provided Salary Supervisor Reason for leaving

Organization Address Phone

Dates Associated From-To Position Held/Service Provided Salary Supervisor Reason for leaving

Organization Address Phone

Dates Associated From-To Position Held/Service Provided Salary Supervisor Reason for leaving

Organization Address Phone

Dates Associated From-To Position Held/Service Provided Salary Supervisor Reason for leaving

Organization Address Phone

Dates Associated From-To Position Held/Service Provided Salary Supervisor Reason for leaving

EMPLOYMENT DATA

EDUCATION DATA

RECORD OF EDUCATION

School	Name & Address of School	Course	No. Years Attended	Diploma or Degree
ELEMENTARY				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
BUSINESS SCHOOL				
TECHNICAL SCHOOL				
GRADUATE SCHOOL				
OTHER				

REFERENCES

REFERENCES

Give complete name, address, phone number of three professional references and one personal reference so we can verify your qualifications for the position.

Name	Title	Complete Address/Town/State/Zip	Phone

List name and address of person to notify in case of emergency.
 Name: _____ Relationship: _____ Address: _____ Phone: _____

LICENSE DATA

THIS SECTION TO BE COMPLETED BY LICENSED NURSES, THERAPISTS AND PARA-PROFESSIONALS

Are you currently certified or registered in Massachusetts? Yes No

If no, have you applied? Yes No

If yes, give number _____ Expected date for boards: _____

List other states registered or certified in, include license number: _____

If a Home Care Aide, where were you certified? _____ When? _____

If a graduate nurse, when will you take your state boards? _____

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

Please read carefully, initial each statement and sign below.

_____ I hereby certify that all the information provided by me in this application (and any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

_____ I understand that submission of an application does not guarantee employment. I further understand that, if an offer of employment is made, such employment with the Organization is at will, for no specified duration and may be terminated by either the Organization or myself at any time, with or without cause or notice. Upon my termination, I authorize the release of reference information on my work.

_____ I understand that part of the application process requires that reference checks be completed prior to any offer of employment and Criminal Offender Record Investigations will be conducted after conditional offer of employment has been extended, for applicable positions.

_____ I understand that if offered a position with the Organization, I may be required to submit to a pre-employment physical, drug and alcohol screening, Mantoux test, and a motor vehicle driver's record (for positions that require use of a vehicle) as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment requirements will result in withdrawal of any employment offer or termination of employment if already employed.

_____ I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Applicant's signature

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

FOR OFFICE USE ONLY

Position _____ CHS _____ CVNA _____ HCO _____ NADHC _____

Hours Available ___ M ___ T ___ W ___ Th ___ F e/o Weekend Y / N _____ Shift

Pay Rate \$ _____ Benefited Y / N _____ # of hours Start Date _____

Comments:
