



North Penn
Visiting Nurse Association

Employment Application

Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (____) _____ Social Security No. _____ - _____ - _____

Position applying for _____ Are you legally eligible for employment in this country?
 Salary desired _____ (Be Specific) Yes _____ No _____
(Proof of citizenship or immigration status will be required upon employment.)

When are you available to start? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	COURSE OF STUDY
High School				
College				
Other				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

Have you been a resident of Pennsylvania for two or more years without interruption? No Yes

Driver's license number _____ State of issue _____ Expiration date _____

Please list three business/work references who are not related to you.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience

Please list your last three employers, assignments or volunteer activities starting with the most recent, including military experience.

Name of employer Address, City, State, Zip Phone number	Supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that not representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer may search the internet for information on me and it is agreed that I have been informed of this and consent to allow the employer to conduct these searches.

Signature of applicant _____ **Date:** _____