



2029 Woodland Parkway, Suite 105
 St. Louis, MO 63146
 314-918-7171

Application for Employment

Visiting Nurse Association of Greater St. Louis shall not fail to hire, discharge or discriminate among applicants for employment or employees in terms of compensation, term, conditions and privileges of employment because of race, color, religion, national origin, sex, age, disability or genetic information. Visiting Nurse Association of Greater St. Louis is an equal opportunity employer.

INSTRUCTIONS: Please type or print in ink. Attach additional sheets if necessary. Resumes are not accepted in lieu of a completed application.

PERSONAL INFORMATION					
Name (Last, First, Middle, Suffix)		Telephone Number:		Social Security Number:	
Address:		City, State, Zip Code:		Email Address:	
Position Desired		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	PRN <input type="checkbox"/>	Date Available to Start
					Other than for religious reasons, are you available to work weekends and holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been employed by Visiting Nurse Association of Greater St. Louis or its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, please indicate position and dates of Employment on the next line.
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have any restrictive covenants? Yes <input type="checkbox"/> No <input type="checkbox"/>					
But for any disability you may have, is there any reason you could not perform the essential functions of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, please state reason.	

Clinical Applicants	Are you licensed, registered, certified or other? Please indicate.			
	Type	Number	Date of Expiration	State

EDUCATION					
Are you a High School graduate or do you have an equivalency (GED) certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List College, University, Vocational School, Others					
NAME AND LOCATION	ATTENDANCE DATES		COURSE OF STUDY	HOURS COMPLETED	DEGREE EARNED
	MO	YR			

EMPLOYMENT RECORD						
HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN BY AN EMPLOYER? IF YES, PLEASE PROVIDE COMPANY NAMES AND DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO						
Describe in detail all positions that you have had during the last ten (10) years, starting with most recent employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.						
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
TELEPHONE						
NAME OF SUPERVISOR						
Beginning Salary		Ending Salary				



EMPLOYMENT RECORD						
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					
	Beginning Salary		Ending Salary			
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
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	TELEPHONE					
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NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					
	Beginning Salary		Ending Salary			
List any additional qualifications and/or skills you possess which should be considered in your employment.						
May we contact your present and previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			If no, state reason.		Referred by:	
I authorize Visiting Nurse Association of Greater St. Louis' reference check company to send me communication via text messaging. Yes <input type="checkbox"/> No <input type="checkbox"/>						

I, the undersigned, certify that the information contained in this application is correct. I understand that to falsify information is grounds for refusing to hire me, or discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish information concerning my previous employment. I also authorize you to request and receive such information.

I acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Applicant's Signature

Date Signed