

Visiting Nurse Service of Ithaca & Tompkins County, Inc.
138 Cecil A. Malone Drive, Ithaca, NY 14850

Application for Employment

Visiting Nurse Service is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the agency.

Please Print

Position(s) applied for:	Date of Application:
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How did you learn about us? Check One

Advertisement Employment Agency Friend Relative Walk In Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number (s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of Citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full time Part time Per Diem Temporary

I understand that per diem work, on an as needed basis, includes weekends and evenings? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

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Education

	Name & Address Of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, licensure and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
2	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
3	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
4	Employer:	Dates Employed		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

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Additional Information

Specialized Skills	Check Skills All That Apply			
_____ PC	_____ Calculator	_____ Excel	_____ Access	_____ MS Word
_____ Cerner	_____ Peachtree	_____ Programming	_____ Other (list) _____	
State any additional information you feel may be helpful to us in considering your application:				

Professional References

1. Name _____	Phone _____
Address _____	
2. Name _____	Phone _____
Address _____	
3. Name _____	Phone _____
Address _____	

Applicant's Statement

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be terms for my immediate termination from the company. _____ (Initial)

I understand that if I am hired, I will be an employee "at-will" and thus my employment can be terminated at any time either with or without prior notice, and by either me or the company. _____ (Initial)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons and entities, from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.
_____ (Initial)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: _____ **Date:** _____