



**EMPLOYMENT APPLICATION**

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Virginia Home Health & Hospice is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Virginia Home Health & Hospice to recruit, hire, promote for all job classifications on the basis or merit, qualifications and competence. This applies to all categories of employment.

PLEASE FILL OUT ALL INFORMATION REQUESTED ON THIS APPLICATION					
<b>Position Applying For</b>	<input type="checkbox"/> NA <input type="checkbox"/> PCA <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> HHD <input type="checkbox"/> Clerical <input type="checkbox"/> S/C <input type="checkbox"/> Administrator <input type="checkbox"/> Corporate <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____				
	Years of Related Experience:			Date Available to Begin Work:	
	PERSONAL INFORMATION				
Last Name:		First Name:		M.I.	Maiden:
Address:			City/State:		Zip Code:
Home Telephone:			Cell/Alternate Telephone:		
Emergency Contact:				Emergency Telephone:	
By what source were you referred to Virginia Home Health & Hospice for Employment?	<input type="checkbox"/> Contact on my own <input type="checkbox"/> VEC <input type="checkbox"/> Newspaper <input type="checkbox"/> Career Day/Job Fair <input type="checkbox"/> Employee/Client				
	List name of VEC, Newspaper, Career Day/Job Fair or Employee/Client:				
Is there any reason you are unable to perform all of the physical duties of the position for which you have applied for?					___ Yes    ___ No
If Yes, please describe:					
Can you perform all of the duties, with or without reasonable accommodations, of the position for which you have applied?					___ Yes    ___ No
If No, please describe:					
Have you ever been discharged or asked to resign by an employer?					___ Yes    ___ No
If Yes, please explain reason(s):					
Are you lawfully authorized to work in the United States of America?					___ Yes    ___ No
Are there any foreign languages you can interpret/translate?					___ Yes    ___ No
List of Foreign Languages:					
Are you currently with or ever worked with another healthcare agency?					___ Yes    ___ No
Please list all healthcare agencies and salaries:					

**CONVICTION(S) OF A CRIME DOES NOT AUTOMATICALLY BAR EMPLOYMENT. FACTORS SUCH AS AGE AT TIME OF OFFENSE, SENTENCED TIME AND REHABILITATION WILL BE TAKEN INTO ACCOUNT IN DETERMINING EFFECT ON SUITABILITY FOR EMPLOYMENT.**

Have you ever committed, been convicted of, plead guilty to, or please *nolo contendere* to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? \_\_\_ Yes \_\_\_ No

If Yes, please explain:

Have you ever committed, been convicted of, plead guilty to, or please *nolo contendere* to any offense involving sexual molestation, sexual abuse, or rape, including a deferred sentence in Virginia or outside of the jurisdiction of Virginia? \_\_\_ Yes \_\_\_ No

If Yes, please explain:

Are you currently involved or recovering from any form of drug or alcohol abuse? \_\_\_ Yes \_\_\_ No

If Yes, please describe:

Have you ever had your nursing license or certification revoked, suspended, or has had any disciplinary actions against you/your license? \_\_\_ Yes \_\_\_ No

If Yes, please explain:

Are you involved in any pending or future malpractice claims? \_\_\_ Yes \_\_\_ No

If yes, please explain:

Do you have a current and unrestricted driver's license? \_\_\_ Yes \_\_\_ No

Has your license ever been suspended, revoked or placed on probation? \_\_\_ Yes \_\_\_ No

If Yes, please explain:

### EDUCATION

	Name and Address of School	Years Completed	Did you graduate?	Subjects Studied and Degree Received
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Post College		1 2 3 4	___ Yes ___ No	
Trade, Business or Correspondence School		1 2 3 4	___ Yes ___ No	

### OTHER QUALIFICATIONS

\_\_\_ Typing (WPM)      \_\_\_ Shorthand (WPM)      \_\_\_ Word Processing (WPM)      \_\_\_ Numeric/10-Key Adding Machine

Other (please specify):

Are there any other experience, skills or qualifications which you feel would especially fit you for work with a hospital? \_\_\_ Yes \_\_\_ No

If yes, please specify:

Is there anything else you would like us to know about you?

EMPLOYMENT HISTORY			
Current or Last Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL REFERENCES (non-family members)			
Name:		Phone Number:	
Address:			
Business Position:			
Name:		Phone Number:	
Address:			
Business Position:			
Name:		Phone Number:	
Address:			
Business Position:			
FOR LICENSED OR CERTIFIED PROFESSIONAL APPLICANTS			
State License or Certification:		Expiration Date:	Number:
Nurse Aide Certificate:		State:	
CPR Date:		Expiration Date:	

**PLEASE SIGN APPLICATION ON REVERSE SIDE →**

**READ CAREFULLY**

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

**I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Virginia Home Health & Hospice, and/or will general result in dismissal from employment no matter when discovered.**

I understand that nothing contained in this employment application is intended to create an employment contract between me and **Virginia Home Health & Hospice**. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or **Virginia Home Health & Hospice**. at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulations of Virginia Home Health & Hospice.

**Medical Authorization Release:** I hereby give my permission to my doctor and medical facility to release my most recent Tuberculosis test and/or X-Ray, Hepatitis Screening, and/or shot history, and other necessary medical documentation to Virginia Home Health & Hospice for the purpose of obtaining employment with **Virginia Home Health & Hospice**.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Applicants Name**