



## EMPLOYMENT APPLICATION

**VNA of Mercer County**

PO Box 441 Trenton NJ 08603

(609) 695-3461 ~ phone

(609) 815-3686 ~ fax

hremail@vnahomecare.org

*An Equal Opportunity Employer*

VNA of Mercer County is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

**This application must be completed in full. Please print or write, whichever is more legible. Answer every question.**

### PERSONAL DATA

<b>Name</b>		<b>Date of Application</b>	
<b>Current Address</b>		<b>Previous Address</b>	(if less than 2 yrs. at current address)
Street		Street	
City, State, ZIP		City, State, ZIP	
<b>Email Address</b>			
<b>Telephone (day):</b>	( ) -	<b>Social Security No.</b>	
(evening):	( ) -	Cellular phone: ( ) -	
Is Your Age Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Federal regulations prohibit anyone under 18 from working in hazardous occupations.)			
Are you legally eligible to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No    ( <i>Proof of eligibility will be required upon offer of employment</i> )			

### JOB INTEREST

<b>Position(s) Desired</b>		<b>Date Available For Employment</b>		
<b>Indicate the type of work for which you are available</b>		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Per Diem (as needed)
<b>Hours</b> <input type="checkbox"/> Day shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> On call		<b>Days</b> <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
How did you hear about us?		If referred by an employee, former employee, or someone who has an association with VNA please provide name: _____		
Can you with or without reasonable accommodation perform the essential functions of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No    ( <i>If you have any questions about the functions of the job, please ask the interviewer before answering this question.</i> )				

### EDUCATION AND TRAINING (please do not abbreviate school names)

Full School Name	City	State	Major Course or Subject	Did You Graduate?	Degree	GPA
High School or Preparatory				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade School/Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>		

**EMPLOYMENT**

Were you ever employed by VNA of Mercer County, Inc. or a VNA Homecare of Mercer County, Inc. affiliated company?  Yes  No  
 If yes, which business? \_\_\_\_\_ Location? \_\_\_\_\_

Dates Employed From: \_\_\_\_\_

Dates Employed To: \_\_\_\_\_

Are you currently subject to a non-compete or employment agreement with another employer?  Yes  No

Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for at least the last ten years. Include at least your three most recent employers, if applicable. If you need more space, continue on back sheet. **Must be completed in full for each employer.**

Current/Previous Employer		Dates (Mo/Yr) And Salary		Position And Duties
Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:		State:	Telephone Number: (    )    -	
When may we contact this employer? <input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer				
Reason For Leaving:			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:		State:	Telephone Number: (    )    -	
Reason For Leaving:			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:		State:	Telephone Number: (    )    -	
Reason For Leaving:			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:		State:	Telephone Number: (    )    -	
Reason For Leaving:			Name and Title of Manager:	

**Licenses and Certifications**

Type of License/Certification	Date Received	Expiration Date	License/Certification Number

**ADDITIONAL INFORMATION**

State any additional information you feel may be helpful to us in considering your application. This could include any specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking. (Example: If applying for a clerical position, note training such as word processing, typing, calculator, computer, hardware, software, etc.) Please include grade or other indicator of achievement, such as words per minute typed. You should feel free to attach a resume.

**Criminal Convictions**

Have you ever been convicted of a felony? Include all pleas of "guilty" or "no contest".

Yes  No   
(Please Check One)

If **Yes** to the above question, please explain fully. **This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of the crime and date of conviction will be considered.**

**REFERENCES**

Please list three individuals who will be able to provide a professional reference. (Do not include relatives.)

Reference Name

Address

Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT RELEASE AND ACKNOWLEDGEMENT**

I understand that VNA Homecare of Mercer County, Inc. (hereinafter referred to as the Company) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.

I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however, that the Company intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

I agree that I will not disclose or use while interviewing with or employed with the Company any confidential or proprietary information of others, including any former employer.

**I understand that any employment with the Company is "at will" and would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or the Company may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in writing and signed by a duly authorized officer of the Company.**

I understand that any false answers or statements made by me on this application, any supplement thereto or in connection with the above-mentioned investigations may be grounds for refusal of employment, invalidate my employment or, if employed, grounds for immediate discharge and render me ineligible for any Company benefits.

I will complete any post-offer physical evaluations that the Company may require including testing for illegal or unauthorized substances. I understand that any offer of employment is contingent upon my successfully passing the physical evaluation requirements and the background investigation.

**My signature below acknowledges that I have read and understand the entire application and agree to the terms and conditions outlined above.**

v  
**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Human Resource Department Use Only**

**Interview Activity**

<b>Position</b>	<b>Interview Date</b>	<b>Employment Offer</b>	<b>Accepted/Not accepted</b>

**Additional Information**