

**Stratford Visiting Nurse Association**  
**Application for Employment**  
**Home Health Aide/CNA**

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Prospective employees will receive consideration without discrimination because of race, creed, religion, color, ancestry, national origin, age, sex, sexual orientation, marital status, physical, mental or learning handicap or veteran status. This application should not be considered a contract of employment. Future employment is not guaranteed for any definite period of time, and does not guarantee any particular rules, policies or conditions of employment and may be terminated by either party at will.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Maiden

Present Address: \_\_\_\_\_  
Street City State Zip

If less than 2 yrs. at above,

Previous Address: \_\_\_\_\_  
Street City State Zip

Home Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

CNA Registration No.: \_\_\_\_\_ email: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

**Employment History:**

Please give accurate, complete, full-time and part-time employment. Start with your present or most recent employer.

1) Company Name	Telephone ( )
Address	Employed (month & year) From To
	Name of Supervisor
Job title	Reason for leaving
2) Company Name	Telephone ( )
Address	Employed (month & year) From To
	Name of Supervisor
Job title	Reason for leaving

3) Company Name	Telephone (      )
Address	Employed (month & year) From                      To
	Name of Supervisor
Job title	Reason for leaving
4) Company Name	Telephone (      )
Address	Employed (month & year) From                      To
	Name of Supervisor
Job title	Reason for leaving

**Education**

High School: \_\_\_\_\_

Last year completed: \_\_\_\_\_ Year graduated: \_\_\_\_\_

College/Special training: \_\_\_\_\_

Degree/Certificate obtained: \_\_\_\_\_

**Work Availability**

1. Hours you are available: \_\_\_\_\_

2. Are you available on weekends?      Yes \_\_\_\_\_      No \_\_\_\_\_

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. The offer of employment is contingent upon successful completion of the required physical examination that will reveal you can perform job requirements.

I hereby waive any claim for Worker's Compensation for any physical or medical condition which existed prior to employment with the Stratford VNA.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date of Application

**Stratford Visiting Nurse Association is an Equal Opportunity Employer.**