



**Stratford Visiting Nurse Association
Application for Employment Professional Personnel**

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

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: _____ Maiden Name: _____
Last First MI

Address: _____ Telephone #: _____
No. Street City State Zip

Email Address: _____ Cell Phone #: _____

Prof. Lic. Reg. No. _____ State _____ Expiration Date of Reg. _____

Are you legally eligible for employment in the U.S.? _____

Please write a brief statement in which you express the kind of work you desire, and your career interests.

Are you applying for full-time, part-time or per diem: _____

If part-time, schedule of hours: _____

Date available for work: _____

Education:

Name of School Address	Dates of Attendance	Major	Certificates, diploma, degrees or # of credits earned
College			
Other Professional Education			
Postgrad. Education			

Languages spoken: _____

Do you hold a Connecticut State Motor Vehicle Operator's License?

No _____ Yes _____ If yes, license #: _____

Employment History:

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

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

