

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:	First	Maiden Name:			
Last	First	MI			
Address:				Telephone #:_	
No. Street		City	State	Zip	
Email Address:				Cell Phone #:	
Prof. Lic. Reg. No		State	eE	xpiration Date of Reg	
Are you legally eligibl	e for employ	ment in the	U.S.?		
Please write a brief sta interests.	tement in wl	nich you ex	press the l	kind of work you desire	, and your career
If part-time, schedule of	of hours:				
Date available for work	k:		_		

Education:

Name of School	Dates of Attendance	Major	Certificates, diploma, degrees or		
Address			# of credits earned		
College	ı				
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.					
Company Name	inployer.	Telephone			
a) company round		()			
Address	HAME AND ADDRESS OF THE ADDRESS OF T	Employed (month &	year)		
		From	То		
		Name of Supervisor			
Job title and describe your work		Reason for leaving			
2) Company Name		Telephone			
Address		Employed (month &)	vear)		
11441000		From	To		
		Name of Supervisor			
Job title and describe your work		Reason for leaving			

3) Company Name	Telephone		
Address	Employed (month & year) From To		
	From To Name of Supervisor		
Job title and describe your work	Reason for leaving		
4) Company Name	Telephone ()		
Address	Employed (month & year) From To Name of Supervisor		
Job title and describe your work	Reason for leaving		
We may contact the employers listed above contact.	e unless, you indicate those you do not want us to		
Do not contact employer number(s)	Reason		
	No If yes, what branch?		
The you prosently in a minutely reserve on			
I hereby waive any claim for Worker's Cor which existed prior to employment with the	mpensation for any physical or medical condition e Stratford VNA.		
employed, any misstatement or omission of understand that acceptance of an offer of er upon the employer to continue to employ n	on for employment is true, correct and complete. If if fact on this application may result in my dismissal. I imployment does not create a contractual obligation he in the future. The offer of employment is he required physical examination that will reveal you		
Applicant's Signature			

Stratford Visiting Nurse Association is an Equal Opportunity Employer.