

1430 Military St., Ste. A
Port Huron, MI 48060

1-800-959-4131 810-984-4131
FAX: 810-984-0019

Date: _____

APPLICATION FOR EMPLOYMENT

Personal Information

Last Name First Name Middle

Present Address City State Zip

Permanent Address City State Zip

Phone # Cell # Email

How did you find out about VNA/BWH? Newspaper VNA/BWH Website Billboard
 Friend/Relative; If so, whom may we thank for the referral _____
 Other _____

Employment Desired Full Time Part Time Casual/Contingent
Shift(s) Preferred Days Afternoons Midnights On-Call Weekends

Position: _____ Date you can start: _____ Salary Expectations: _____

Are you employed now? Yes No If so, may we contact your current employer? Yes No

Have you ever applied to VNA/BWH before? Yes No If so, when _____

Education

	Name & Location of School	Yrs. Attended	Graduated Yes / NO	Subjects Studied
High School				
College				
Trade, Business or Other				

State and Federal law prohibit employers from discriminating against applicants for employment because of race, color, religion, gender, national origin, age, height, weight, marital status, sexual preference, handicap (to the extent required by law), familial status or status as a disabled veteran or veteran of the Vietnam era, except where sex is an essential bona-fide occupational qualification.

General

Subjects of Special Study/Research: _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

Are you eligible for employment in the United States? Yes No

US Military or Naval Service? Yes No If so, which branch _____

Registered, Licensed or Certified? _____ Date Received _____

Expiration Date: _____ Lic/Cert.# _____ State _____

Former Employment (Beginning with the most current employer)

Date/Mo/Yr.	Name & Address of Employer	Salary	Position Held	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

References

Name	Address	Phone #	Years Known

Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever been involved with a malpractice litigation? Yes No

Is there any portion of the job which you will be unable to perform or for which you will need a reasonable accommodation in order to perform? Yes No

Please explain:

APPLICATION FOR AT-WILL EMPLOYMENT

I understand that I must satisfactorily pass a physical exam, drug testing and/or criminal background check, if requested, and that all offers of employment are made subject to this requirement.

I authorize investigation of all matters contained in this application and agree that if, in the judgment of the agency any misrepresentation has been made aware by me herein or the results of such investigation are not satisfactory, any offer of employment made by agency may be withdrawn, or my employment with the agency may terminated immediately without any obligation or liability to me other than payment at the rate agreed upon for services actually rendered if I have been fully employed. I agree to observe the rules and regulations of the agency as a condition of employment.

I also understand and agree that my employment is terminable "at will" that is, either I the employee, or the VNA/BWH can terminate employment with or without cause, reason or notice.

PLEASE READ CAREFULLY

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified **information, omissions or misrepresentations** on this application shall be considered sufficient cause for dismissal.

Signature _____

Date _____