

## **APPLICATION PACKET INSTRUCTIONS**

*VNAs policy is to provide equal employment opportunity to all qualified applicants for employment regardless of sex, marital status, race, age, creed, national origin or the presence of disabilities. Those applicants requiring reasonable accommodation to or assistance with the application and/or interview process should notify a representative of the HR Department.*

*Please complete the attached forms in the following manner:*

**1. Complete application and submit resume with cover letter. All information provided on the application is subject to verification.**

**2. Please include telephone numbers for former employers.**

**3. On the reference sheet-applicant is to only sign the release line and list social security number. The agency will choose references as indicated on the application and complete the prior employment mailing information.**

▶ *All applicants will be asked to complete the required background screening per industry requirements.*

▶ *VNA is a Drug-Free Workplace, and all new employees will be required to take a drug test.*

▶ *All applicants for employment with Visiting Nurses Association of Southwest Florida, Inc. must sign an Affidavit of Good Moral Character and provide documentation validating eligibility to work in the United States.*

*Thank you for your interest in the VNA of Southwest Florida. You may submit this application via fax to: 239-337-2132 or via USPS to:*

*VNA of SW Florida  
3653 Central Avenue  
Ft. Myers, FL 33901*

First In Home Care Since 1885



**APPLICATION FOR EMPLOYMENT**

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**Visiting Nurses Association of SW Florida, Inc.  
3653 Central Avenue, Ft. Myers, FL 33901  
239-337-4848**

DATE: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. -----	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO. ( )	E-MAIL ADDRESS		
REFERRED BY			

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**SPECIAL SKILLS/EXPERIENCE/TRAINING/CERTIFICATIONS**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FOREIGN LANGUAGES**

LANGUAGE	FLUENCY

*CONTINUED ON NEXT PAGE*



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THIS SECTION TO BE COMPLETED BY APPLICANT

I HEREBY RELEASE FROM ALL LIABILITY THE COMPANY OR PERSON NAMED ABOVE, AND AUTHORIZE THEM TO RELEASE ALL INFORMATION REGARDING MY EMPLOYMENT WITH THEM.

X Applicant's Signature Date X Social Security #

THIS SECTION TO BE COMPLETED BY VNA

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ has applied to Visiting Nurses Association of Southwest Florida, Inc. for employment with our agency. Please complete the form below and return it in the enclosed postage paid or fax to (239)337-2132 so that we can give the application proper consideration. Since it is our policy not to assign anyone to a case without a complete reference check, we would appreciate your prompt attention.

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

Position Held: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY EMPLOYER

Is the above employment information correct? (Circle one) Yes No

Comments: \_\_\_\_\_

Table with 4 columns: Quality of Work, Cooperation, Dependability/Attendance, Personal Traits & Habits. Rows: Above Average, Average, Below Average. Includes checkboxes for each cell.

Reason for Leaving: \_\_\_\_\_

Would you Rehire? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Information Supplied By Date Title

Yesterday, Today and Tomorrow
Established 1966

3653 Central Avenue • Ft. Myers, Florida 33901 • 239-337-4848