



LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION (LMVNA)

An Equal Opportunity Employer

1996 Eastman Avenue, Suite 101

Ventura, CA 93003

Telephone: (805) 642-0239 ♥ Fax: (805) 650-1536

APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

LMVNA is concerned about violence in the workplace, falsified employment applications, and employee theft.

We will conduct a full background check on all candidates for employment.

PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

DRUG SCREENING

LMVNA is committed to maintaining a DRUG-FREE workplace.

All offers of employment are contingent upon successful

completion of a pre-employment drug screen.

Thank you for considering a position with our company. We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we use a sophisticated and detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information. This application will remain active for 90 days from the date herein, after which time you should resubmit a new application if you are interested in a position with our company.

The following must be filled out completely for your application to be considered.

(Please Print)

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Telephone (____) _____ Cellular Telephone (____) _____ Business Telephone (____) _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Please list the cities and corresponding state in which you have lived during the past 7 years:

For identification purposes, please provide: Month of Birth _____ (Jan - Dec) Day of Birth _____ (1 - 31)
(Please Do Not Supply Year of Birth)

Have you used any name(s) other than that noted above? Yes No

Please List Other Name(s) Used _____

Are you at least 18 years old? Yes No
(If under 18 years of age, proof of minimum legal working age will be required if you are hired.)

If hired, can you present proof of your right to work in the United States? Yes No
(If not a U.S. citizen, proof of your legal right to live and work in this country will be required if you are hired.)

If hired, would you have a reliable means of transportation to and from work? Yes No

EMPLOYMENT INFORMATION

Position Desired _____

Are you applying for full-time work? Yes No

Are you applying for part-time work? Yes No

Are you applying for per diem work? Yes No

Are you applying for temporary work (e.g. summer or holiday)? Yes No

If applying for temporary work, during what period of time will you be available? From _____ To _____

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you available to work on weekends? Yes No

Are you available to work overtime, if necessary? Yes No

If hired, when can you start work? _____

Salary Desired _____

Have you ever applied or worked for our company before? Yes No

If yes, when? _____

Do you have any friends or relatives working for our company? Yes No

If yes, list name(s) and corresponding relationship: _____

Do you have any commitment to another entity or person that might affect your employment with our company? Yes No

If yes, please explain: _____

EDUCATION, TRAINING AND SKILLS

High School: Name _____ City/State _____ Years Completed _____

Did You Graduate? Yes No Degree or Diploma Attempted/Earned _____

College/University: Name _____ City/State _____ Years Completed _____

Did You Graduate? Yes No Degree or Diploma Attempted/Earned _____

Vocational School: Name _____ City/State _____ Years Completed _____

Did You Graduate? Yes No Degree or Diploma Attempted/Earned _____

Health Care: Name _____ City/State _____ Years Completed _____

Did You Graduate? Yes No Degree or Diploma Attempted/Earned _____

Graduate School: Name _____ City/State _____ Years Completed _____

Did You Graduate? Yes No Degree or Diploma Attempted/Earned _____

Please answer the following with regards to your specific skills:

Typing Speed: _____ WPM

(Proof of typing speed required)

Ten Key: Yes No

Spread Sheet: Yes No

Graphics: Yes No

Word Processing: Yes No

Database Programs: Yes No

Internet Research Skills: Yes No

Managerial Skills: Yes No

List any computer programs and/or internet search engines with which you are familiar:

Please list any languages you speak, read, write, and/or understand:

Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

EMPLOYMENT HISTORY

Are you presently employed?

Yes No

If yes, may we contact your present employer?

Yes No

Please provide a complete and accurate account of your employment history by listing all present and previous employers within the last ten years, beginning with your most recent employer. Please note that this section must be completed even if attaching a resume. Furthermore, please be sure to attach any additional pages as needed.

(1)

Company Name _____ Type of Business _____

City/State _____ Company Telephone (____) _____

Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and key responsibilities:

Earnings: Starting _____ Hourly Monthly Yearly Ending _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination:

(2)
Company Name _____ Type of Business _____
City/State _____ Company Telephone (____) _____
Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and key responsibilities:

Earnings: Starting _____ Hourly Monthly Yearly Ending _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination:

(3)
Company Name _____ Type of Business _____
City/State _____ Company Telephone (____) _____
Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and key responsibilities:

Earnings: Starting _____ Hourly Monthly Yearly Ending _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination:

(4)
Company Name _____ Type of Business _____
City/State _____ Company Telephone (____) _____
Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and key responsibilities:

Earnings: Starting _____ Hourly Monthly Yearly Ending _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination:

Have you *ever* been involuntarily terminated or asked to resign from a job? Yes No

If yes, please explain: _____

How were you referred to LMVNA? Newspaper Ad Monster Ad Website Banner Ad Livingston's Website
 Walk In Employee Other _____

Please describe why you would like a position with LMVNA:

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last ten years (do not include periods of schooling) by listing both the exact period(s) of time and the corresponding reasons for unemployment. Please do not include periods of unemployment for one month or less.

PROFESSIONAL REFERENCES

List below three persons not related to you, from either business or academic settings, who have knowledge of your professional performance abilities within the last three years.

(1)
Reference Name _____ Relationship _____ Years Known _____

Company/Institution Name _____ Telephone (____) _____

(2)
Reference Name _____ Relationship _____ Years Known _____

Company/Institution Name _____ Telephone (____) _____

(3)
Reference Name _____ Relationship _____ Years Known _____

Company/Institution Name _____ Telephone (____) _____

LICENSE INFORMATION

Are you licensed/certified for the job applied for? N/A Yes No

Name of license/certificate _____ Issuing State _____

License/certificate # _____ Has your license/certificate ever been revoked or suspended? Yes No

If yes, date of revocation _____ Date it was reinstated _____

MILITARY SERVICE

Do you have any prior Military Service? Yes No

If yes, please describe any special skills you have obtained as a result of your service in the military that would be relevant to the position:

ATTENDANCE HISTORY

Is there any reason you would not be able to fully conform to all attendance requirements?

Yes No

If yes, please explain: _____

Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed, which includes a complete background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 90 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company.

LMVNA is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA (and equivalent state and local laws) and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.

AUTHORIZATION

**Please read the following carefully, being sure to initial each paragraph, sign and print your name, and date once completed.
Please complete and sign any and all documents presented.**

CONFIRMATION OF HONEST AND ACCURATE COMPLETION

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Initials _____

PRE-EMPLOYMENT PHYSICAL SCREENING

I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment and also consent to the appropriate release of any and all medical information, as may be deemed necessary.

Initials _____

DRUG AND ALCOHOL SCREENING

I understand that if offered employment, I will be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

Initials _____

OTHER EMPLOYMENT AND/OR ACTIVITIES

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company, unless I have been given permission in writing by the company.

Initials _____

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), or any other information requested by the company deemed pertinent to my employment. (See *Separate Agreement*)

Initials _____

RELEASE

I voluntarily waive all recourse, and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use of any information received which may have bearing on my application for employment.

Initials _____

NOTIFICATION AND COMPLIANCE

I agree to immediately notify the company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

Initials _____

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding.

Initials _____

CONFIDENTIALITY

I understand that persons employed at Livingston Memorial Visiting Nurse Association ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. The Company will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

Initials _____

I certify that all of the information provided on this application is true and accurate.

Signature _____

Print Name _____

Date _____