



VIRTUE INDEPENDENCE, LLC.

Application for Employment

We are an equal opportunity employer who provides equal access to programs, services, and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Virtue Independence, LLC.

PERSONAL INFORMATION

Name: Last First Middle

Address

City State Zip Code

Are you over the age of 18? Yes No

Are you a US Citizen? Yes No

If no, do you have the legal right and necessary documents to work in the US? Yes No

(Identity and employment eligibility will be verified as required by law.)

Today's Date

Social Security Number

Home Telephone Number

Cell Phone / Pager Number

Nursing License #, if applicable

School District of Residence

Township of Residence

EMPLOYMENT INFORMATION

Position Desired _____ Part-time Full-time Shift Preference _____

Salary Requirement _____ Date available for work _____

Do you possess a valid driver's license? Yes No Driver's License # _____

State of issued driver's license _____

Have you had any accidents in the past 3 years? Yes No How many? _____

Have you had any moving violations in past 3 years? Yes No How many? _____

Do you have your own transportation? Yes No

Have you applied here before? Yes No If so, when? _____

How were you referred to us?

Classified ad Where did you see ad? _____

An agency/registry employee Please give us their name: _____

Other Please tell us: _____



EMPLOYMENT TIME AVAILABILITY:

Mon _____ to _____ Tue _____ to _____
Wed _____ to _____ Thu _____ to _____
Fri _____ to _____ Sat _____ to _____
Sun _____ to _____

QUALIFICATIONS & EXPERIENCE

Education: _____ Did you graduate?
High School _____ Yes No
College _____ Yes No
Nursing School _____ Yes No
Technical Training _____ Yes No

Languages spoken in addition to English: _____

Can you perform all of the job-related functions of the position(s) for which you are applying?

Yes No If no, please explain: _____

Do you have current CPR certification? Yes No Expiration Date: _____

Why do you want to work for this agency?

PAST & PRESENT EMPLOYERS

Current Employer:

Name: _____
Address: _____
City: _____ State _____ Zip: _____

Phone: _____
Position: _____
Date started: _____

May we contact? Yes No Salary/Wage: _____ Supervisor: _____

Past Employers:

Name: _____
Address: _____
City: _____ State _____ Zip: _____

Phone: _____
Position: _____
Salary/Wage: _____

May we contact? Yes No Supervisor _____



Date started: _____ Date ended: _____ Reason for leaving: _____

Name: _____

Phone: _____

Address: _____

Position: _____

City: _____ State _____ Zip: _____

Salary/Wage: _____

May we contact? Yes No Supervisor _____

Date started: _____ Date ended: _____ Reason for leaving: _____

REFERENCES (Give Job Related and/or Personal Reference that is not a relative).

Name: _____

Phone: _____

Address: _____

How I know: _____

_____ Zip _____

Years acquainted: _____

Name _____

Phone: _____

Address _____

How I know _____

_____ Zip _____

Years acquainted _____

Name _____

Phone: _____

Address _____

How I know _____

_____ Zip _____

Years acquainted _____

CRIMINAL BACKGROUND INQUIRY

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

Yes No If yes, please explain.

Details: _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

EMERGENCY CONTACT

Name: _____ Home phone: _____ Work phone: _____

Address _____ Relationship to you: _____

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."

 Signature _____

Date: _____