



Application for Employment

PERSONAL INFO				Today's Date
Name, Last	First	Middle		
SSN:	Telephone #	Mobile Phone #		
Street Address	City	County	State	Zip
Previous Address: Street	City	County	State	Zip
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EDUCATION				
Date	School, Location	Degree/Diploma	Course of Study	
Date	School, Location	Degree/Diploma	Course of Study	
Date	School, Location	Degree/Diploma	Course of Study	
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SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION				
License/Certification Type	License/Certification No.	State	Expiration Date	
License/Certification Type	License/Certification No.	State	Expiration Date	
CPR Expiration Date	Last Physical Exam Date	Lab TB/Chest X-Ray Date		
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GENERAL INFORMATION				
<p>Are you legally authorized to work in the USA <input type="checkbox"/> Yes <input type="checkbox"/> No (If you became an employee of VJ Health Care Services, you will be required to provide documentation proving your eligibility to work in the USA)</p> <p>Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. <i>If yes, state the basis for each conviction and the date of the conviction:</i></p>				
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<p>How did you hear about VJ Healthcare? <input type="checkbox"/> Newspaper <input type="checkbox"/> Trade Publication <input type="checkbox"/> Job Fair/Open House <input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> VJ Healthcare Employee (Name)_____</p> <p>Emergency Contact:</p> <p>_____</p>				
<p>Address _____</p> <p style="text-align: center;">Telephone# _____ Relationship _____</p>				

Next Section: **Work History**

Please complete all appropriate items, even if you have already provided us with a resume.			
Company Name (Present or most recent employer)		Employment Dates From Mo ____ Yr ____ To Mo ____ Yr	
Company Address	Title	Hourly \$	Salary Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	
Company Name (Present or most recent employer)		Employment Dates From Mo ____ Yr ____ To Mo ____ Yr	
Company Address	Title	Hourly \$	Salary Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	
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Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	
Please list any other work-related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.			
REFERENCES - Please list three individuals with whom you have worked who were in a position to evaluate your performance.			
Name	Company	Title	Phone #
Name	Company	Title	Phone #
Name	Company	Title	Phone #



Applicant Acknowledgement

(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if VJ Health Care Services learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at VJ Health Care Services.

I authorize VJ Health Care Services to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize VJ Health Care Services to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize VJ Health Care Services to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release VJ Health Care Services and any individual or entity providing information to VJ Health Care Services from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between VJ Health Care Services and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that VJ Health Care Services retains the same right to terminate my employment at any time.

I understand that should I become employed by VJ Health Care Services, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of VJ Health Care Services.

I understand that VJ Health Care Services is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure VJ Health Care Services I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, VJ Health Care Services will not hire me.

I understand that VJ Health Care Services reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in VJ Health Care Services has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of VJ Health Care Services.

Applicant's Signature _____

Date _____

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), VJ Health Care Services adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by VJ Health Care Services. VJ Health Care Services offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

Application Reviewed By _____

Date _____