



★ 100+ years of serving MetroWest & beyond ★

NATICK VISITING NURSE ASSOCIATION, INC.

209 West Central Street, Suite 313
 Natick, MA 01760
 508-653-3081

Employment Application

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Desired Salary		
Position Applied for				
How did you hear about this position?				
Are you legally eligible to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Note: if hired, proof of identity and eligibility will be required upon employment)
Have you ever worked for this company before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever applied for employment with this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
If you are under 18 years of age, can you provide required proof of your work eligibility?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you travel if the job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION				
High School			Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree		
College			Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree		
Other			Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree		

Natick Visiting Nurse Association is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status, sexual orientation, gender identity or any other characteristic protected by law.

LICENSURE*Please list type of Professional or Technical licensure and/or certifications held*

TYPE	LICENSE OR REGISTRATION NUMBER	STATE	EXPIRATION DATE

SKILLS*Please list any additional skills or specialized experience you may have*

REFERENCES*Please list three work related references.*

Full Name & Title	Relationship
Company	Phone
Address	
Full Name & Title	Relationship
Company	Phone
Address	
Full Name & Title	Relationship
Company	Phone
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From Date	To Date	Reason for Leaving
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From Date	To Date	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From Date	To Date	Reason for Leaving
May we contact previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that the information provided by me in this application and accompanying material is accurate and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application, resume or accompanying material may result in cancellation of this application or immediate termination when it is discovered.

I hereby authorize Natick Visiting Nurse Association, Inc. the right to contact and obtain information from my references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Natick Visiting Nurse Association, Inc. and its representatives for seeking, gathering and using such information in determining my suitability for employment and release any individual and/or organization from any claims arising out of, or in any way connected with, the disclosure of information pertaining to my employment.

I understand that neither the acceptance of this application nor the subsequent entry into an employment relationship with Natick Visiting Nurse Association, Inc. creates an actual or implied contract of employment. If I am hired, I understand that employment is *at-will* and that either Natick Visiting Nurse Association, Inc. or I may terminate employment at any time for any lawful reason. This application does not constitute an agreement or contract for employment for any specified period or duration. I further understand that no representative of Natick Visiting Nurse Association, Inc. other than an authorized officer has the authority to make any assurances to the contrary.

I have read, or have had read to me, this section and fully understand these conditions as outlined above.

Signature	Date
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