

# APPLICATION FOR EMPLOYMENT

**New Milford Visiting Nurse Association**  
 68 Park Lane Road  
 New Milford, CT 06776  
 (860) 354-2216  
 Fax (860) 350-2852

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: .....:..... AM  
 PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
 .....If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)  
 Part-Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES     NO

## REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
 \_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
 \_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
 \_\_\_\_\_ (Address)

