

# VNA OF HANOVER & SPRING GROVE, INC.

440 N. MADISON STREET, HANOVER, PA 17331

PH: 717-637-1227; FAX: 717-637-0138

Visit us at [www.vnahanover.org](http://www.vnahanover.org)

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer who does not discriminate against otherwise qualified applicants on the basis of race, color, religion, creed, gender, national origin, age, disability, genetic, marital or veteran status, or any other legally protected class.

PLEASE PRINT ALL INFORMATION BELOW

Position(s) Applied For: _____	Date of Application: _____
How did you learn about us?	
<input type="checkbox"/> Advertisement <i>If so, where:</i> _____	<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Self Inquiry
	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____

Last Name	First Name	Middle
Address	City	State Zip
Home Phone	Cell Phone	Best time to contact you

	YES	NO
Have you ever filed an application with us before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? <i>If so, give dates.</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your friends or relatives work here? <i>If so, who?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in the U.S.? <i>(If offered employment, you will be required to provide proof to verify eligibility.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>



List professional, trade, business or civic activities and offices held. Please include any volunteer work. (You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other legally protected class.)


**EMPLOYMENT EXPERIENCE**

Start with your present or most recent employment. Include U.S. Military service. Please complete all information in its entirety. Incomplete information may disqualify you from consideration.

Employer	Address	
Telephone	Job Title	Supervisor
Reason For Leaving	Job Responsibilities	
Dates Employed:	Final Hourly Rate/Salary:	
FROM _____ TO _____	_____	

Employer	Address	
Telephone	Job Title	Supervisor
Reason For Leaving	Job Responsibilities	
Dates Employed:	Final Hourly Rate/Salary:	
FROM _____ TO _____	_____	

Employer	Address	
Telephone	Job Title	Supervisor
Reason For Leaving	Job Responsibilities	
Dates Employed:	Final Hourly Rate/Salary:	
FROM _____ TO _____	_____	

May we contact your present or most recent employer?  Yes  No  
 If any employment was under a different name, indicate name. \_\_\_\_\_

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

Note to Applicants: If you have any questions as to the essential functions of the position for which you are applying, ask the interviewer before you answer this question.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES

NO

### PROFESSIONAL REFERENCES

*Please list three professional references (no relatives).*

NAME

Telephone

NAME

Telephone

NAME

Telephone

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date