Name _____ **Position(s)** _____ **Date** _____
(Last, First, MI)

Application for Employment

This Application for Employment must be completed in full. ***Incomplete applications may not be considered.***
Please remember to read, sign and date the back page. If you have questions, please ask for assistance from HR.

HEALTHCARE & COMMUNITY LIVING

Name (Last, First, MI): _____

Address: _____ City, State, ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Are you a US citizen or an alien authorized to work in the US? ☐ Yes ☐ No

Are you 18 years or older? ☐ Yes ☐ No

Position(s): _____ Pay Required: _____

Circle most preferred shift: 1st shift 2nd shift 3rd shift Circle most preferred status: Full-time Part-time Pool

Date you can start: _____ Are you able to work every other weekend and holiday? ☐ Yes ☐ No

Have you ever applied here before? ☐ No ☐ Yes When? _____

Have you ever worked here before? ☐ No ☐ Yes When? _____ Reason for leaving? _____

Are you currently employed? ☐ No ☐ Yes If yes, may we contact your present employer? ☐ Yes ☐ No

How did you hear about this position? ☐ Employee Referral _____ ☐ Newspaper _____

☐ Mailing ☐ Flyer ☐ Govt. Agency ☐ Walk-In ☐ Job Fair ☐ Internet ☐ School ☐ Other_____

Education

	Name and Location	Years Completed	Course
High School			
Colleges			
Other			

Previous Employment (List accurate, complete full-time and part-time employment record. List ALL employers. **Start with your present or most recent employer**). Please complete this section even if including a resume.

Name of Present or Last Employer: ____________________ Job Title: ____________________

Address: ____

Starting Date (Month/Year): ____________ Ending Date (Month/Year): ____________ Hrs per week: __________ Shift: ____________________

Starting Pay: __________ Final Pay: __________ Name and Title of Supervisor: ____________________ Phone: ______________

Description of Work: ____

____

Reason for Leaving: ____

Name of Present or Last Employer: ____________________ Job Title: ____________________

Address: ____

Starting Date (Month/Year): ____________ Ending Date (Month/Year): ____________ Hrs per week: __________ Shift: ____________________

Starting Pay: __________ Final Pay: __________ Name and Title of Supervisor: ____________________ Phone: ______________

Description of Work: ____

____

Reason for Leaving: ____

Name of Present or Last Employer: ____________________ Job Title: ____________________

Address: ____

Starting Date (Month/Year): ____________ Ending Date (Month/Year): ____________ Hrs per week: __________ Shift: ____________________

Starting Pay: __________ Final Pay: __________ Name and Title of Supervisor: ____________________ Phone: ______________

Description of Work: ____

____

Reason for Leaving: ____

Name of Present or Last Employer: ____________________ Job Title: ____________________

Address: ____

Starting Date (Month/Year): ____________ Ending Date (Month/Year): ____________ Hrs per week: __________ Shift: ____________________

Starting Pay: __________ Final Pay: __________ Name and Title of Supervisor: ____________________ Phone: ______________

Description of Work: ____

____

Reason for Leaving: ____

Specialized Skills/Other Qualifications

_____ Personal Computer _____ Fax _____ Microsoft Access _____ Email/Internet ____CBRF Certified

_____ Microsoft Word _____ Microsoft Excel _____ Touch Keyboarding _____ Ventilator Certified

Summarize special ***job-related*** skills and qualifications acquired from employment, volunteer or other personal experience.

_____

_____

_____

_____

_____

Other Information

As a health care facility, we are required to comply with the Wisconsin Caregiver Background Check Law. If hired, we are required to check your criminal history.

Have you ever been convicted of any crimes that would be substantially related to the job you are applying for? ☐ **Yes** ☐ **No**

For CNAs only: Are you on the WI State Nurse Aide Registry? ☐ Yes ☐ No

When and where did you receive your CNA training? _____

If driving a vehicle is required for the position: Do you have a valid Wisconsin driver's license? ☐ Yes ☐ No

Driver's license number (only if required for position): _____

Basic Professional Preparation - This section to be completed by all professional applicants (RN, LPN, RT, SW, etc.)

School Name: _____ Address: _____

Date of Graduation: _____ Diploma: _____ Degree: _____ Are you licensed in Wisconsin? ☐ Yes ☐ No

License Number: _____ Expiration Date: _____ Other states you have been licensed in: _____ License Number(s): _____

Read, understand, sign and date if you agree

I certify the facts set forth in this application are true, correct and complete without misrepresentation or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of VMP for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to VMP including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to VMP from any and all liability for any damage for providing this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then VMP may deny me employment or terminate my employment, and I agree that VMP shall not be liable in any respect if it does so.

I also understand my employment at VMP is contingent upon the satisfactory completion of a physical examination which will include a drug screen and TB skin test/chest x-ray and an investigation of my work record and references. I consent to a pre-placement physical examination and such future examinations as may be required by VMP which include drug screens as required. I also understand I must affirm that I am a citizen of the United States or present proof that I have lawful work status if I am offered a position.

I understand if I am employed by VMP any such employment is not binding on either party for any specific period of time. I further understand no representative of VMP other than the President, has any authority to enter into any agreement for employment for any specific period of time. Any such agreement must be in writing and signed by the President. I understand any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of VMP Manor Park and VMP Trinity is invalid and should not be relied on by me. I understand if employed I will be an employee-at-will and that either VMP or I may terminate that employment relationship at any time, for any reason, with or without notice. I consent to release of a good faith reference to any and all potential employers who may request information about my employment and performance at VMP.

I understand this application will remain active for 6 months. After that time, I will not be considered for the position for which I applied unless I submit a new application.

_____ _____

Signature of Applicant Date

HUMAN RESOURCES ONLY

☐ Applied Before	☐ Employed Before	☐ Wisconsin State CNA Registry	☐ Out of State CNA Registry
☐ Professional License	☐ Out of State License	☐ References	☐ Consult Employee Referral
☐ CIB	☐ OIG		