



APPLICATION FOR EMPLOYMENT

Position Applying for: RN LPN PCA GNA CMA OFFICE STAFF

Type of Employment: FULL-TIME PART-TIME TEMPORARY ON-CALL

Time of Availability: MORNINGS NIGHTS WEEKENDS

Hours of Availability: _____

Basic Information

Name (*Last, First Middle Initial*): _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Address: _____

City/State: _____ Zip Code: _____

Home Telephone: _____ Mobile: _____ Other: _____

E-mail: _____

Desired Start Date of Employment: _____ Are you willing to travel? Yes No

Are you authorized to work in the United States on an unrestricted basis? Yes No

Do you possess a security clearance? Yes No

Personal Information

Gender: Male Female

Marital Status: Single Married

In Case of an Emergency, Please Notify:

Name: _____ Relationship: _____

Home Telephone: _____ Alternative: _____

Educational History

Type of Degree Earned: High School Diploma G.E.D. College Grad. School

Additional Training: _____ Diploma/Degree? Yes No

Nursing School (*if applicable*): _____

City/State: _____ Zip Code: _____

Dates Attended: _____ To: _____

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below, I authorize VTM SERVICES to investigate and verify the information.

Signature of Applicant: _____ Date: _____

For Office Use Only

Person Conducting Interview: _____ **Date:** _____

Title: _____

Comments:



Name (Last Name): _____

Employment History

Company/Client's Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

Company/Client's Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

EQUAL EMPLOYMENT OPPORTUNITY

(VTM SERVICES, LLC.) is to provide a fair and equal employment opportunity for all associates and job applicants regardless of race, color, religion, national origin, gender, sexual orientation, age, marital status or disability. VTM SERVICES hires and promotes individuals solely on the basis of their qualifications for the job to be filled. VTM SERVICES believes that associates should be provided with a working environment which enables each associate to be productive and to work to the best of his or her ability. We do not condone or tolerate an atmosphere of intimidation or harassment based on race, color, religion, national origin, gender, sexual orientation, age, marital status or disability. We expect and require the cooperation of all associates in maintaining a discrimination and harassment-free atmosphere



Name (Last Name): _____

Reference Form

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

Section I: (To be completed by Applicant)

Name: _____
Company Name: _____ Position: _____
Supervisor's Name: _____ Telephone: _____
Dates Employed: _____ - _____

I acknowledge filing an application with VTM SERVICES and authorize the release of information from my former employer.

Applicant Signature: _____ Date: _____

Section II: (Supervisor, please confirm information in Section I and complete Section II.)

Is the Applicant's position title correct? Yes No _____
(if no, please correct information)

Are the dates of employment correct? Yes No _____
(if no, please correct information)

Is this employee eligible for rehire? Yes No or Conditional

(if no/conditional, please explain)

Section II: Evaluation of Performance

- Job knowledge/Technical skills: Excellent Good Fair Poor
- Quality of work: Excellent Good Fair Poor
- Ability to work with others: Excellent Good Fair Poor
- Initiative: Excellent Good Fair Poor
- Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

Reference record completed by (Authorized Representative): _____

Title: _____ Date: _____



Name (Last Name): _____

Reference Form

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

Section I: (To be completed by Applicant)

Name: _____
Company's Name: _____ Position: _____
Supervisor's Name: _____ Telephone: _____
Dates Employed: _____ - _____

I acknowledge filing an application with VTM SERVICES and authorize the release of information from my former employer.

Applicant Signature: _____ Date: _____

Section II: (Supervisor, please confirm information in Section I and complete Section II.)

Is the Applicant's position title correct? Yes No _____
(if no, please correct information)

Are the dates of employment correct? Yes No _____
(if no, please correct information)

Is this employee eligible for rehire? Yes No Conditional

(if no or conditional, please explain)

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor
Quality of work: Excellent Good Fair Poor
Ability to work with others: Excellent Good Fair Poor
Initiative: Excellent Good Fair Poor
Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

Reference record completed by (Authorized Representative): _____

Title: _____ Date: _____



PERMISSION FOR PPD TEST

(Initial here)

I voluntarily take the PPD test intradermal as a screening method for tuberculosis. I understand that a PPD test must be administered and read annually. A chest X-Ray must be done every five years if the PPD Test reading is positive for employment at VTM SERVICES. I release VTM SERVICES of any liability. I confirm that I have/have not had a PPD test within the last year; and I have no known allergy to the PPD test.

UNIVERSAL PRECAUTIONS

(OSHA BLOODBORNE PATHOGENS, SECTION 1910.1030 OF TITLE 29, CODE OF FEDERAL REGULATIONS)

(Initial here)

I am aware and understand that due to my occupation, I am at risk for exposure to blood or other potentially infectious materials. Therefore, I have been given proper instruction on OSHA regulation and requirements. I also understand and I am aware of Universal Precautions and know that as a requirement of my job description I will practice Universal Precautions as described in my job description.

IN-SERVICE REQUIREMENT

(Initial here)

It is the policy of VTM SERVICES that each employee or independent contractor must complete a total of 12 hours per year. VTM SERVICES offers a variety of in-services throughout the year that you will be notified of. OSHA, Infection Control, and Tuberculosis are required annually. These courses must be home care focused. Should you attend an in-service elsewhere (i.e. hospital, nursing home, and/or other agencies), we will gladly accept a copy of your attendance record/certificate and will credit you with that in-service requirement.

HEPATITIS B VACCINE DECLINATION/INFLUENZA VACCINE

(Initial here)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. It is strongly suggested that I be vaccinated for HBV. I understand that I may decline the vaccination and I also understand that not being vaccinated; I continue to be at risk for acquiring and remain susceptible to HBV, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the HBV vaccine, I can receive the vaccination series at no charge to me. VTM SERVICES has explained to me that I continue to be at risk for HBV until such time that I am immunized. Influenza Vaccine is suggested but is not mandatory with written consent.

By signing below, you acknowledge and understand that you must comply with the above requirement to remain in an "Active Status" with VTM SERVICES.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(VTM SERVICES Representative)

Date: _____