



**EMPLOYMENT HISTORY:** List below current and previous employment, including military service, beginning with your last position first. Use additional sheets if necessary. Important: List every employment whether or not it seems relevant. If lapses occurred between periods of employment, give dates of and reason(s) for unemployment. Please start with your present or most recent employer.

1	Company Name	Telephone: (     )
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From:                      To:
	Supervisor's Name & Title	Salary Start \$                      Last \$
	Job Title and Responsibilities:	Reason for Leaving
2	Company Name	Telephone: (     )
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From:                      To:
	Supervisor's Name & Title	Salary Start \$                      Last \$
	Job Title and Responsibilities:	Reason for Leaving
3	Company Name	Telephone: (     )
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From:                      To:
	Supervisor's Name & Title	Salary Start \$                      Last \$
	Job Title and Responsibilities:	Reason for Leaving

**REFERENCE INFORMATION:**  
List three (3) current or previous supervisors who know your qualifications.

COMPLETE NAME	PLEASE CHECK ONE (1)	YEARS KNOWN	COMPANY / ADDRESS (Street/City/State/Zip)	TELEPHONE NUMBER
	<input type="checkbox"/> CURRENT SUPERVISOR <input type="checkbox"/> PAST SUPERVISOR			
	<input type="checkbox"/> CURRENT SUPERVISOR <input type="checkbox"/> PAST SUPERVISOR			
	<input type="checkbox"/> CURRENT SUPERVISOR <input type="checkbox"/> PAST SUPERVISOR			

**AUTHORIZATION:** (Please read carefully)

I authorize VNS & Affiliates to verify any information I have provided and I further authorize any of the named schools, companies or persons listed to provide any information about me contained in their records. I understand and agree that any misrepresentation, falsification or omissions by me in this application may be sufficient cause for cancellation of the application and/or separation from VNS & Affiliates if I have since been employed. My signature below hereby authorizes disclosure of information and releases VNS & Affiliates, its officers, agents and employees from liability for such disclosure.

I recognize VNS & Affiliates' right to require an employment health assessment, which can include a drug test. I further understand that submitting to various tests is a condition of my employment, and I agree to cooperate in their administration. I understand that my employment may be contingent upon completion of a fingerprint impression form and a criminal background check, at my expense, and I agree to cooperate in this undertaking. I also expressly represent that I am not currently under any investigation by any state or federal government agency for Medicare or Medicaid false claims, fraud or abuse. In the event any such investigation is initiated, I will immediately notify Visiting Nurse Service.

I understand that should I be hired for the position for which I am applying, or any subsequent position, either VNS & Affiliates or I may terminate the working relationship at any time and for any reason. I understand that no contract may be made orally, regardless of the reliance of the employee to such statements made by any manager at VNS & Affiliates. I further understand that if employed, my wages and position may change, but my status as an employee-at-will will never change during my employment. Completion and/or submission of this application does not constitute an offer of employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Thank you for your interest in VNS & Affiliates. Your application shall remain active for one (1) year. If you wish to keep your application active, you must reapply after this time period has elapsed.*

**EMPLOYMENT APPLICATION (cont'd)**

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

I hereby authorize VNS & Affiliates to conduct a criminal background check and to deduct charges for a state (Ohio) criminal background check for \$15.00, or if necessary, an Ohio and federal (FBI) check for a total of \$39.00.

I understand and agree that this will be deducted from my first paycheck, less any fingerprinting charges.

**DRIVERS ABSTRACT**

I hereby authorize VNS & Affiliates to conduct a drivers abstract. I understand employment is conditional upon favorable results.

**HEALTH ASSESSMENT**

I understand and agree to a health assessment, including a drug screening (if necessary) as a condition for employment with VNS & Affiliates.

I understand that VNS & Affiliates will not disclose such information or materials to any other person, except to the extent reasonably necessary to accomplish the above-stated purposes, and I agree that the company may, for such purposes and to such extent, disclose and/or furnish such information and materials to: its insurance carrier(s); its medical benefit plan; its consulting physician(s); its attorney(s); a court, arbitrator or administrative agency; and/or personnel employed by the Company (on a "need to know" basis).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Please print your name

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**Fair Credit Reporting Act Disclosure & Authorization**

**Disclosure:**

Visiting Nurse Service & Affiliates (VNS) when considering your application for employment, when making a decision whether to offer you employment, and/or when deciding whether to continue your employment (if you are hired), may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act, which applies to you.

A "consumer reporting agency" is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing "consumer reports" to others, such as VNS and its Affiliates.

A "consumer report" is any written, oral, or other communications of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If VNS or any of its Affiliates, obtains a "consumer report" about you, and if VNS or any of its Affiliates considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

**Authorization:**

By signing below, I, \_\_\_\_\_ hereby voluntarily authorize Visiting Nurse Service, or any of its Affiliates to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment with Visiting Nurse Service, or any of its Affiliates. I understand that I have rights under the FCRA, including the rights discussed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date