



Linil Visiting Nurses, Inc.

2211 Lee Road Suite 109 Winter Park, FL 32789
Phone: (407)-790-4848 Fax: (407)-790-4847
www.LinilVisitingNurses.com

Employment Application

Applicant Last Name:	
First Name:	
Applicant ID#:	Date:

Personal Information		Employment Desired	
Last Name:		Desired Position:	
First Name:		Clinical Operations Staff:	Business Operations Staff:
Middle Initial:		<input type="checkbox"/> RN	<input type="checkbox"/> Office Assistant/Clerical
Address 1:		<input type="checkbox"/> PT	<input type="checkbox"/> Community Liaison
Address 2:		<input type="checkbox"/> OT	<input type="checkbox"/> Other: _____
City:		<input type="checkbox"/> ST	
State:		<input type="checkbox"/> MSW	Administrative Position:
ZIP:		<input type="checkbox"/> Other:	
Home Phone: (____) - ____ - ____	May we contact you at	Desired Employment Status:	Date Available to Start:
Work Phone: (____) - ____ - ____	your work number?	<input type="checkbox"/> Full Time	____/____/____
Cell Phone: (____) - ____ - ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Per Referral	
Email:		Salary Expectations:	
		<input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly	

Employment Questionnaire:		Driving Questionnaire: (For Field Staff Only)													
1. Have you applied for employment at LVNI before? <input type="checkbox"/> Y <input type="checkbox"/> N	If YES: Date: ____/____/____	1. Are you a licensed driver? <input type="checkbox"/> Y <input type="checkbox"/> N	If YES: What State? _____												
2. Do you have relatives currently employed by LVNI? <input type="checkbox"/> Y <input type="checkbox"/> N		2. Are your driving privileges suspended or revoked in any state? <input type="checkbox"/> Y <input type="checkbox"/> N													
3. Are you at least 18 years of age? <input type="checkbox"/> Y <input type="checkbox"/> N	If NO: do you have a work permit? <input type="checkbox"/> Y <input type="checkbox"/> N	3. Do you have a car available on a daily basis? <input type="checkbox"/> Y <input type="checkbox"/> N													
4. Do you have the right to remain and permanently work in the USA? <input type="checkbox"/> Y <input type="checkbox"/> N		4. Do you have current auto-insurance? <input type="checkbox"/> Y <input type="checkbox"/> N													
5. Have you ever been convicted of a crime? <input type="checkbox"/> Y <input type="checkbox"/> N	<i>Conviction of a crime may not automatically disqualify an applicant for employment, please elaborate on the additional spaces.</i>	For Professional Staff (RN's, PT's, OT's, etc...)													
6. What languages do you read, speak or write fluently? List: _____		1. Are you licensed in your profession by the state of Florida? <input type="checkbox"/> Y <input type="checkbox"/> N													
		2. Is your license current? <input type="checkbox"/> Y <input type="checkbox"/> N													
		Please List Licenses:													
		<table border="1"><thead><tr><th>Type of License</th><th>License Number</th><th>Expiration</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Type of License	License Number	Expiration										
Type of License	License Number	Expiration													

Education					
Education	Name of School	Location of School	Course(s) of Study	# of years	Completion Date/ Expected Completion
High School/GED:					
2-Year College:					
4-Year College:					
Graduate Level:					
Other:					
Other:					

Professional References			
<i>Please provide three professional references who can speak about your current and/or prior performance at work. They can include supervisors, nurse managers, charge nurses, doctors, etc. They CANNOT include friends, co-workers or relatives.</i>			
Name	Address	Business Relationship	Phone #

Personal References			
<i>Please provide three personal references who can speak about your character and/or prior performance at work. They may include any close personal relationships not directly related to you nor ones mentioned above in the Professional References section.</i>			
Name	Address	Personal Relationship	Phone #



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Applicant ID#:		Date:

Employment History: Please list most recent position first.

Job 1:

Company: _____	Dates of ____/____/____ →
Address 1: _____	Employment: ____/____/____
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - _____	Supervisor(s): _____
Fax: (____) - ____ - _____	_____

Brief Description of Duties: _____

Reason for Leaving: _____

Job 2:

Company: _____	Dates of ____/____/____ →
Address 1: _____	Employment: ____/____/____
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - _____	Supervisor(s): _____
Fax: (____) - ____ - _____	_____

Brief Description of Duties: _____

Reason for Leaving: _____

Job 3:

Company: _____	Dates of ____/____/____ →
Address 1: _____	Employment: ____/____/____
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - _____	Supervisor(s): _____
Fax: (____) - ____ - _____	_____

Brief Description of Duties: _____

Reason for Leaving: _____

Job 4:

Company: _____	Dates of ____/____/____ →
Address 1: _____	Employment: ____/____/____
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - _____	Supervisor(s): _____
Fax: (____) - ____ - _____	_____

Brief Description of Duties: _____

Reason for Leaving: _____



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Job 5:

Company: _____	Dates of ____/____/____ → Employment: ____/____/____
Address 1: _____	
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - ____	Supervisor(s):
Fax: (____) - ____ - ____	_____

Brief Description of Duties:

Reason for Leaving:

Job 6:

Company: _____	Dates of ____/____/____ → Employment: ____/____/____
Address 1: _____	
Address 2: _____	Position(s) Held: _____
City: _____	_____
State: _____	_____
ZIP: _____	Name(s) of
Phone: (____) - ____ - ____	Supervisor(s):
Fax: (____) - ____ - ____	_____

Brief Description of Duties:

Reason for Leaving:

If the above employment history does not cover the last ten years, please ask for additional employment history sheets to attach to this application.

Employment Understanding

Linil Visiting Nurses, Inc. is an Equal Opportunity Employer, and does not discriminate in hiring or any other decision or practice on the basis of race, color, creed, ethnicity, gender, religion, marital status, mental or physical disability (unrelated to the ability to perform work as required), age, veteran status, or sexual orientation. No question on this application is intended to secure information to be used for such discrimination.

By signing below, you acknowledge that:

- 1 The information you have provided on this application is true and complete. Any misrepresentation or omission of any fact in your application, resume, employment materials, or during interviews can be justification for refusal of employment, rescission of a job offer, or, if employed, immediate termination from the Agency.
- 2 You voluntarily authorize the Agency to make a thorough and complete investigation of your past employment and activities, including contacting all of your present and former employers and those individuals you have listed as references to furnish information about your employment record, including a statement for the reason for termination of your employment, work performance, abilities, and other qualities pertinent to your qualifications for employment. You agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.
- 3 Any offer of employment is conditional only, pending successful completion of the Agency's complete pre-employment screening process, including professional references that the Agency deems satisfactory. You consent to the Agency's pre-employment physical and medical examination, including alcohol and drug screening, that the Agency may require consistent with applicable state and federal rules and regulations and all accrediting standards. You further consent to other screening tests and investigations the Agency deems necessary per Agency policy, consistent with state and federal rules and regulations, and all accrediting standards.
- 4 You understand that Linil Visiting Nurses, Inc. is an at-will employer, consistent with state law, and that either party is free to terminate the employment relationship at any time without cause.
- 5 You understand you will be required to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence of identity and eligibility for employment.

Certification:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Applicant			