



LINIL VISITING NURSES INC.
 4314 Edgewater Dr. Orlando, FL 32804 Ph: 407-299-1933 Fax: 407-299-3503

Application for Employment

Date: ____/____/____

PERSONAL INFORMATION			
Name:			SS #
	Last	First	Middle
Address:			Home Ph #
	Street	apt #	
			Work Ph #
	City	state	zip

REFERRAL INFORMATION	POSITION	DATE AVAILABLE
Referred by: <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> LVNI Employee <input type="checkbox"/> Other If referred by relative or LVNI employee, please provide name: _____	Position applying for: <input type="checkbox"/> RN (full time) <input type="checkbox"/> OT <input type="checkbox"/> RN (per diem) <input type="checkbox"/> PT <input type="checkbox"/> LPN <input type="checkbox"/> MSW <input type="checkbox"/> ST <input type="checkbox"/> Clerical <input type="checkbox"/> Home Health Aide <input type="checkbox"/> Other: _____	Date available to start work: ____/____/____ Salary expectations: \$ _____ per hr/wk/yr.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you applied for employment at LVNI before? If so, when? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have relatives that are employed by LVNI?
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for employment in this country?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime? If so, request additional sheets to explain.
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 years of age?
* Please note that conviction of a crime may not automatically disqualify an applicant for employment.		
YES	NO	For RN's, Per diems, LPN's, PT's, OT's, ST's, MSW's, Home Health Aides, and Companions ONLY:
<input type="checkbox"/>	<input type="checkbox"/>	Are you a licensed driver? If so, in what state? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are your driving privileges suspended or revoked in any state?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a car available on a daily basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have car insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Are you licensed in your profession by the State of Florida? If so, complete below:

Type of License: _____ License #: _____ Exp. Date _____
 Any other Licenses: _____ License #: _____ Exp Date _____

Education	Name & Location of School	Course of Study	# of years	Degree/Diploma
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Yr College				<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Yr College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY	
COMPANY NAME:	From ___/___ To ___/___
ADDRESS:	PH #:
CITY: STATE: ZIP:	
BRIEF DESCRIPTION OF DUTIES:	SALARY:
REASON FOR LEAVING:	SUPERVISOR:
COMPANY NAME:	From ___/___ To ___/___
ADDRESS:	PH #:
CITY: STATE: ZIP:	
BRIEF DESCRIPTION OF DUTIES:	SALARY:
REASON FOR LEAVING:	SALARY:
COMPANY NAME:	From ___/___ To ___/___
ADDRESS:	PH #:
CITY: STATE: ZIP:	
BRIEF DESCRIPTION OF DUTIES:	SALARY:
REASON FOR LEAVING:	SALARY:
COMPANY NAME:	From ___/___ To ___/___
ADDRESS:	PH #:
CITY: STATE: ZIP:	
BRIEF DESCRIPTION OF DUTIES:	SALARY:
REASON FOR LEAVING:	SALARY:

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

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 #

LVNI is an equal opportunity employer. We obey all applicable federal, state and local laws governing recruitment and hiring.

Pre-Employment Disclosure Statement

Please read the following carefully and sign to acknowledge that you understand and agree that you submit your application on these terms.

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews can be justification for refusal for employment, or, if employed, termination from LVNI.
2. Any offer of employment I may receive from LVNI is contingent upon my successful completion of the Agency's total pre-employment screening process, including the Agency's receiving professional references that we deem satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Agency may require consistent with applicable law. I also agree, if employed to submit to a medical examination at any time at the Agency's request. I hereby consent to having the results of any post offer, pre-employment or post-employment medical exams I may be required to take disclosed to LVNI.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be subject to alcohol and rug testing pursuant to LVNI policy as outlined in the employee handbook. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to LVNI.
4. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I agree to release them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Agency and understand that my employment and compensation can be terminated with or without cause or notice at any time at the option of either the Agency or myself. I further understand that no manager or representative of the Agency, other than its Administrators have any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different fro or contrary to this statement. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

I hereby acknowledge that I have read, understood and agree to the above statement.

Signature: _____

Date ____/____/____

FOR HUMAN RESOURCES USE ONLY:

APPLICANT NAME:			
INTERVIEWED BY:			INTERVIEW DATE: ___/___/___
REFERENCES <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Phoned	MAKE OFFER: <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION STATUS: <input type="checkbox"/> Accepted Offer <input type="checkbox"/> Declined Offer START DATE: ___/___/___ <input type="checkbox"/> Not Hired	DOCUMENTATION RECEIVED <input type="checkbox"/> Drivers License <input type="checkbox"/> Car Insurance <input type="checkbox"/> Certification / Licensure <input type="checkbox"/> Social Security Card <input type="checkbox"/> Car Registration <input type="checkbox"/> Degree / Diploma <input type="checkbox"/> CPR Certification
DATE RECEIVED: ___/___/___	SALARY/HOURLY RATE: \$ _____ POSITION OFFERED: _____	REASON: _____ _____ _____	