

Gardner Visiting Nursing Association, Inc.  
34 Pearly Lane  
Gardner, MA 01440  
978-632-1230

***APPLICATION FOR EMPLOYMENT***

Application for employment are considered without regard to religious creed, national origin, ancestry, age, race, color, marital status, sex, sexual orientation, status as a qualified individual with a disability under the law, or status as a disabled or Vietnam era veteran.

**Date:**

**BACKGROUND INFORMATION**

Name (Last, First, Middle):

Address:

Telephone - Home:

Work:

Cell:

How did you hear of our agency?

Advertisement

Friend

Walk-in

Employee Referral

Online

Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?      Yes      No

**JOB INTEREST**

Position applied for:

Full Time

Part Time

As Needed

Weekends

Evenings

If hired, can you verify your legal right to work in the United States?      Yes      No

(Pursuant to federal law, within three days of hire, new employees will be required to produce evidence of identity and legal authorization to work in the United States.)

**EDUCATION**

School Name & Address

Subject

Did you graduate/  
Complete course?

Degree

Are you licensed to practice any of the following in MA?      Yes      No

|                |                      |                  |
|----------------|----------------------|------------------|
| Nursing        | Occupational Therapy | Physical Therapy |
| Speech Therapy | Social Work          |                  |

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you certified as      Nurses Aide      Home Health Aide

Where did you receive your certification?

Other skills or training:

**REFERENCES**

List three **professional** references.

|      |         |                  |
|------|---------|------------------|
| Name | Address | Telephone Number |
|------|---------|------------------|

If presently employed, may we contact your employer as a reference?      Yes      No

**EMPLOYMENT HISTORY**

List all employment and include volunteer activities that can be verified. List your employers, starting with present or most recent.

|                 |                      |                     |                |               |                    |
|-----------------|----------------------|---------------------|----------------|---------------|--------------------|
| Company & Phone | Immediate Supervisor | Dates of Employment | Salary History | Position Held | Reason for Leaving |
|-----------------|----------------------|---------------------|----------------|---------------|--------------------|

Have you ever worked for Gardner VNA in the past?      Yes      No

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or promise of future benefits by the Agency. I understand and agree that if hired, my employment will be at-will and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supercedes any and all oral representations made by representatives of this Agency.

**CERTIFICATION AND AGREEMENT:** I certify that the information on this application is true, complete and correct. I authorize the Gardner Visiting Nursing Association, Inc. to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Applicant's Signature

Date

Massachusetts General Laws c. 149s19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."