



APPLICATION FOR EMPLOYMENT

Central Virginia Healthcare Network is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment in any manner as prescribed by law

Name: _____ SS# _____ - _____ - _____

Last
First
Middle Initial

Address: _____

Street
City/State
Zip Code

Home Telephone (Area Code): _____ Work Telephone (Area Code): _____

Are you at least 18 years old? (Yes)_____ (No)_____

Are you a U.S. citizen or do you have a current permit/visa to work in the U.S.? (Yes)_____ (No)_____

Position Applying For: _____ Salary Expectations: _____

EMPLOYMENT HISTORY

(List last three jobs encompassing at least 10 years, use back if necessary)

Employer:	Immediate Supervisor:	Dates Employed From: _____ To: _____
Address:		Telephone No: _____
Job Title:	Starting Salary:	Ending: _____
Work Performed:	Reason for Leaving:	
May we contact this employer? Yes/No		

Employer:	Immediate Supervisor:	Dates Employed From: _____ To: _____
Address:		Telephone No: _____
Job Title:	Starting Salary:	Ending: _____
Work Performed:	Reason for Leaving:	
May we contact this employer? Yes/No		

Employer:	Immediate Supervisor:	Dates Employed From: _____ To: _____
Address:		Telephone No: _____
Job Title:	Starting Salary:	Ending: _____
Work Performed:	Reason for Leaving:	
May we contact this employer? Yes/No		

MILITARY SERVICE

(Complete if you have served in the US Military.)

If a member of a reserve unit or the national guard show:		
Branch: _____	Specialty: _____	Rank: _____
If active duty service show:		
Branch: _____	Specialty: _____	Rank: _____
Education or Training Received in Military _____		

EDUCATION

School	Print Name, Street Address, City, State and Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study/Honors
High School				
College				
Graduate School				
Other				

List any job-related skills or qualifications that support your application: _____

List any current licenses, registrations or certifications, which you possess:

Type	License Number	State(s)	Expiration Date

Do you currently have an *active* nursing license? (Yes)_____ (No)_____

Have you ever had your nursing license suspended or been subject to any proceedings? (Yes)_____ (No)_____

If YES, please explain details: _____

Other than minor traffic offenses, have you ever been convicted of a crime? (Yes)_____ (No)_____

(Arrest or charges that have been annulled, expunged, sealed by a court need not be disclosed. A conviction record will not necessarily bar you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation that had occurred, and the time elapsed since the crime will all be considered.)

If YES, describe in detail, including date and location of offense _____

Have you ever been previously involved as a defendant in a professional malpractice litigation? (Yes) ___ (No) ___

Have you ever been suspended, disciplined, asked to resign, or discharged from employment? (Yes) ___ (No) ___

If YES, please explain details: _____

Do you have a non-solicitation or non-compete agreement with any prior employer? (Yes)_____ (No)_____

Have you filed an application with this company before? (Yes)_____ (No)_____ If YES, give date: _____

Referred by whom? _____ Do you have a relative working with the company? (Yes)_____ (No)_____

May we contact your present employer? (Yes)_____ (No)_____ Date available for work: _____

REFERENCES

List three individuals who have personal knowledge about your qualifications and have known you for at least two years.

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP

NOTICE TO APPLICANTS

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, ancestry, age, sex, national origin, disability, military veteran status or other status protected by law.

The contents of any employee handbook, policies and procedures, or benefits offered to eligible, full time regular employees are subject to amendment, alteration, or abolishment of any or all of these policies and benefits as circumstances warrant with or without advance notice to employees, other than as may be required by law.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company.

APPLICANT'S STATEMENT

If I am offered and accept employment with the Company, I understand that my employment is at-will and that as such the Company and I each remain free to terminate our employment relationship, with or without advance notice for any reason or for no reason at all. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or employment related material) does not constitute an employment contract or modification of the at-will employment relationship between the employer and myself.

Only the Chief Executive Officer of the Company has the authority to modify the at-will nature of employment or to modify any policy. Any such modification to the at-will status must be in writing as an express amendment to the at-will policy and signed by the Chief Executive Officer in order to be enforceable.

I have read, understand, and agree to adhere by the policies as set forth in this application and other employment related materials in the event I am offered employment.

I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, agencies, reporting entities, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify this Company and its authorized representatives from any claims or liability as a result of such contact. I also hereby release employers, schools, agencies, reporting entities and other persons from all liability in responding to inquiries in connection with this application. I understand that the Company or its representatives on its behalf may obtain a criminal report or other licensing and background information as required.

Please Print Name: _____

Signature: _____ Date: _____