



Today's Date: \_\_\_\_\_

## Employment Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

How Did You Hear About Us?

- Advertisement     
  Employment Agency     
  Radio  
 Employee Referral \_\_\_\_\_     
  Other \_\_\_\_\_

Are you interested in employment on..... Martha's Vineyard..... Nantucket..... Either

What position are you applying for? \_\_\_\_\_

Are you seeking Full Time, Part Time or Seasonal (Temporary) opportunity? \_\_\_\_\_

What is your hourly or salary rate of pay that is desired? \_\_\_\_\_

Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 18 years? <i>(If no, you may be required to provide authorization)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to Vineyard Nursing Association? If yes, please state dates: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Vineyard Nursing Association? If yes, please state dates: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**EDUCATION**

	<b>Name of School</b>	<b>Major of Study</b>	<b># of Years Completed</b>	<b>Diploma/ Degree</b>
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Vocational</b>				

**EMPLOYMENT HISTORY**

*Begin with current or most recent employer. Do not exclude any employment.*

<b>Company Name and Location</b>		
<b>Dates Employed [month/year]</b>	<b>From:</b> [ / ]	<b>To:</b> [ / ]
<b>Salary or Hourly Rate</b>	<b>\$</b>	<b>Per</b>
<b>Job Title</b>		
<b>Reason for Leaving</b>		
<b>Supervisor Name, Title, &amp; Phone Number</b>		

<b>Company Name and Location</b>		
<b>Dates Employed [month/year]</b>	<b>From:</b> [ / ]	<b>To:</b> [ / ]
<b>Salary or Hourly Rate</b>	<b>\$</b>	<b>Per</b>
<b>Job Title</b>		
<b>Reason for Leaving</b>		
<b>Supervisor Name, Title, &amp; Phone Number</b>		

<b>Company Name and Location</b>		
<b>Dates Employed [month/year]</b>	<b>From:</b> [ / ]	<b>To:</b> [ / ]
<b>Salary or Hourly Rate</b>	<b>\$</b>	<b>Per</b>
<b>Job Title</b>		
<b>Reason for Leaving</b>		
<b>Supervisor Name, Title, &amp; Phone Number</b>		

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Vineyard Nursing Association that such employment with Vineyard Nursing Association is at will, for no specified duration and may be terminated by either Vineyard Nursing Association or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Vineyard Nursing Association or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Vineyard Nursing Association has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Vineyard Nursing Association.

In consideration for employment with Vineyard Nursing Association, if employed, I agree to conform to the rules, regulations, policies and procedures of Vineyard Nursing Association at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Vineyard Nursing Association's business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Vineyard Nursing Association, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Vineyard Nursing Association and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

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Signature

Date

**VINEYARD NURSING ASSOCIATION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**