



Dear Applicant:

Please attach the following credentials/ documents with your application packet for prompt processing of your personnel file:

- | | |
|---|--------------------------|
| Professional License | <input type="checkbox"/> |
| CPR Card (AHA or ARC Adult Healthcare Provider Level) | <input type="checkbox"/> |
| Driver's License | <input type="checkbox"/> |
| Proof of Auto Insurance | <input type="checkbox"/> |
| Social Security Card | <input type="checkbox"/> |
| Resume (if available) | <input type="checkbox"/> |
| Liability / Malpractice Insurance (if available) | <input type="checkbox"/> |
| Physical Exam | <input type="checkbox"/> |
| TB Test/ or Chest X-ray | <input type="checkbox"/> |
| Inservice / CEU Certificates | <input type="checkbox"/> |
| Fingerprints (for CHHA's only) | <input type="checkbox"/> |

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Vital Care Health Systems does not discriminate on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or _____ physical), communicable disease, or place of national origin.



Vital Care Health Systems

Where Caring Comes From The Heart

EMPLOYMENT APPLICATION

Name _____ Date _____
Last First MI

Current Address _____
Street Address Unit # City State Zip

Phone ____ - ____ - ____ Best time to contact _____ Contact me using _____

Permanent Address _____
Street Address Unit # City State Zip

Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Email _____

Position Applying For

RN ☐ LVN ☐ PT ☐ OT ☐ ST ☐ MSW ☐ CHHA ☐ Office ☐ Other _____

Educational Background

Name of School	Location of Institution	Year	Degree Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Certification

License No.	State	Exp. Date	Type	State	Exp. Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have your license ever been investigated or suspended for any reason? Yes ☐ No ☐

Have you ever been convicted of any felony? Yes ☐ No ☐

Have you ever been a defendant in a malpractice lawsuit? Yes ☐ No ☐

***If you answer 'Yes' to any of the above questions, please attach a separate sheet with explanation.**

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EMPLOYMENT HISTORY

Are you currently employed? Yes ☐ No ☐
Can we contact your current employer? Yes ☐ No ☐ N/A ☐

Most Recent First ☐ Please see attached Resume

Facility Name: _____ Dates Worked: From _____ To _____

Current Address _____ Phone _____ - _____ - _____
Street Address City State Zip

Position(s) Held _____ Shift(s) Worked _____

Facility Supervisor _____ Title _____ Phone _____ - _____ - _____ Ext. _____

Reason(s) for Leaving _____

Facility Name: _____ Dates Worked: From _____ To _____

Current Address _____ Phone _____ - _____ - _____
Street Address City State Zip

Position(s) Held _____ Shift(s) Worked _____

Facility Supervisor _____ Title _____ Phone _____ - _____ - _____ Ext. _____

Reason(s) for Leaving _____

Facility Name: _____ Dates Worked: From _____ To _____

Current Address _____ Phone _____ - _____ - _____
Street Address City State Zip

Position(s) Held _____ Shift(s) Worked _____

Facility Supervisor _____ Title _____ Phone _____ - _____ - _____ Ext. _____

Reason(s) for Leaving _____

I understand that completion of this document does not guarantee my employment and that certain client requires drug screening and/or criminal background investigation prior to employment.

I authorize the release of this application and any pertinent information relating to my employment to Vital Care Health Systems and any client facilities that I may be working. Furthermore, I give Vital Care Health Systems authorization to verify all the information that I have provided and to conduct reference checks through past employers. I release all persons providing such information from any liability for providing this information.

I certify that the information provided in this document is true and complete. Any misrepresentation, omission, or falsification of facts in this document and supporting documents will result in immediate termination.

Name / Signature _____ Date _____



Vital Care Health Systems

Where Caring Comes From The Heart

REFERENCE INFORMATION

I, _____, SSN _____

has applied for employment with *Vital Care Health Systems*. I hereby authorize them to collect any qualifications and past performances. Further, I hereby release the company person completing this form from an liability in supplying the requested information.

Applicant Signature: _____

Date: _____

(Applicant: do not write below this line)

EMPLOYMENT REFERENCE

Position Held: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Would you rehire: ☐ Yes ☐ No

Performance

	Above Average	Average	Below Range
Quality of Work			
Dependability			
Cooperation			
Additional Comments			

Character Reference

How long have you known the applicant? _____

Additional Comments:

Name of Person Providing Information: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reference check provided via ☐ telephone ☐ mail by: _____

Signature: _____ Date: _____



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Performance

	Above Average	Average	Below Range
Quality of Work			
Dependability			
Cooperation			
Additional Comments			

Character Reference

How long have you known the applicant? _____

Additional Comments:

Name of Person Providing Information: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reference check provided via ☐ telephone ☐ mail by: _____

Signature: _____ Date: _____