

VINTAGE HEALTHCARE SERVICES, INC.

EMPLOYMENT APPLICATION FORM

Personal Information

Name: _____
(Last) (First) (M.I.) (Maiden)

Social Security #: _____

Address Street: _____

City: _____ County _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency Contact:

Name Phone Number Relationship

Position(s) applied for: RN LPN CNA PCT Other _____

When can you start? _____ Location Preference: _____

Are you a U.S. Citizen? YES NO Resident Alien A# _____

If not, are you legally authorized to work in the United States? YES NO

Have you ever applied here before? YES NO If yes, when?

Have you been previously employed by the agency? YES NO If yes, when? _____

Employment Questions:

Has your nursing license ever been suspended? Yes No If yes, why? _____

Have you been terminated from a previous employer? Yes No If yes, why? _____

Have you been convicted of a felony? Yes No If yes, explain: _____

Is your job performance affected by any physical limitations? Yes No If yes, what?

Have you been involved in malpractice or Illinois Department of Professional
Regulation disciplinary proceedings? Yes No If yes, explain _____

Have you been asked to not return to a hospital or clinic through another agency? Yes No

If yes, what agency and hospital? _____

Why? _____

Education

Name and location of schools:

High School: _____
Month/Year graduated _____/_____

College or University: _____
Month/Year graduated _____/_____

Nursing school: _____
Month/Year graduated _____/_____

Degree Awarded:

ADN _____ Diploma _____ BSN _____ MSN _____ PhD _____

Continuing Education CCRN ACLS CPR PALS

Licensure (if applicable): _____ Expiration date: _____ State: _____

Employment History

Employment Dates: From: _____/_____/_____ To: _____/_____/_____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Part time Full time

Specialty/Unit: _____ Type of patients: _____

Typical RN/Patient ratio: _____ Days Evening Nights

Charge Nurse experience: Yes No Supervisor: _____

Reason for leaving: _____

Employment Dates: From: _____/_____/_____ To: _____/_____/_____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Part time Full time

Specialty/Unit: _____ Type of patients: _____

Typical RN/Patient ratio: _____ Days Evening Nights

Charge Nurse experience: Yes No Supervisor: _____

Reason for leaving: _____

Employment Dates: From: _____/_____/_____ To: _____/_____/_____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Part time Full time

Specialty/Unit: _____ Type of patients: _____

Typical RN/Patient ratio: _____ [] Days [] Evening [] Nights
Charge Nurse experience: [] Yes [] No Supervisor: _____
Reason for leaving: _____

Professional References:

Please provide us with the home and work numbers of one supervisor and one co-worker that you have worked with in the past year (home and work numbers will speed your application process).

Name: _____
Address: _____
Work phone: (____) _____ **Home phone:** (____) _____
Manager _____ **Co-worker** _____ **Charge nurse** _____

Name: _____
Address: _____
Work phone: (____) _____ **Home phone:** (____) _____
Manager _____ **Co-worker** _____ **Charge nurse** _____

Name: _____

Address: _____
Work phone: (____) _____ **Home phone:** (____) _____
Manager _____ **Co-worker** _____ **Charge nurse** _____

Authorization

Notice to all applicants:

Proof of citizenship or authorization for employment in the United States is required in accordance with the Immigration Reform and Control Act of 1986. I hereby certify that the information set forth in this employment application is true and complete. I understand that if employed, falsifications or omissions on this application may result in dismissal. You are hereby authorized to make an investigation of any information contained in this application. I understand that if an offer of employment is made, the following must be successfully completed as a condition of employment:

- 1.) A background check that will include: information from previous employers, whether contained in written records or not; all public/private records, including criminal, civil, driving, credit and education; and any other pertinent information relating to my ability to successfully perform the job for which I have been offered employment.
- 2.) Pre-employment physical.

I also understand that no guarantee will be given for the number of hours of work. This application does not imply an offer of employment. If my application is accepted, in consideration for employment, I agree to conform to the rules and regulations of the company. I also agree that my employment and compensation can be terminated at any time by either myself or the company, with or without cause. I understand that any statement or promise to the contrary will be of no effect unless in writing and signed by an officer of that company. Upon my termination, I authorize the release of reference information to potential employers.

Signature: _____ Date _____

Print Name: _____

***Equal Opportunity Policy**

The Vintage Group is committed to providing equal opportunity and a work environment for its employees free from any discrimination based on race, color, religion, sex, national origin, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military, or status as a disabled veteran or veteran of the Vietnam Era.