



APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____ RN, LPN or GNA license#: _____

HAVE YOU EVER BEEN EMPLOYED AT VANTAGE POINT?
 YES NO IF YES, WHEN DID YOU LEAVE? _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Home Telephone: (____) _____ Mobile Telephone: (____) _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____ (Dates of service)

Special Honors/Other: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Telephone: (____) _____ - _____ Salary: _____ Per _____

Duties: _____

Dates of Employment: _____ to _____ Still Employed? ? Yes No

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Telephone: (____) _____ - _____ Salary: _____ Per _____

Duties: _____

Dates of Employment: _____ to _____ Still Employed? ? Yes No

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Telephone: (____) _____ - _____ Salary: _____ Per _____

Duties: _____

Dates of Employment: _____ to _____ Still Employed? ? Yes No

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION

Position Applying For: _____ or Department: _____

Referral Source: Walk-in Employment Agency Relative School Employee _____
Name of Employee

Advertisement _____ Website: _____
Name of Paper/Publication Date

What hours/shifts are you willing to work? _____ Full Time Part Time

Would you be able to work weekends? Yes No Are you willing to travel for the job? Yes No

When would you be able to start? _____ Desired salary: \$ _____ per _____

Please list any professional groups, trade groups or other organizations that you belong to that you consider relevant to perform the job(s) you are applying for: _____

Vocational or Professional Licenses or Certifications (Such as RN, LPN, CNA, GNA, CPA, etc): _____

I UNDERSTAND:

1. That completing this application does not constitute an offer of employment and that my application may be rejected for any reason;
2. That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment;
3. That if I sustain any injury or illness in the employment of Vantage Point, I agree that Vantage Point shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Vantage Point full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury;
4. That Vantage Point does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited applicable local, state or federal law;
5. That the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment;
6. That this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee

Through our program, *One Community, One Heart*, Vantage Point has adopted a culture of hospitality. To that end, we include the following hospitality promises in all of our job descriptions:

I promise to:

- greet you warmly by name and with a smile.
- treat everyone with courteous respect.
- strive to anticipate your needs and act accordingly.
- listen and respond enthusiastically in a timely manner.
- hold myself and others accountable.
- make you feel important.
- embrace and value our differences.
- ask, "is there anything else I can do for you?"
- maintain high levels of professionalism, both in conduct and appearance, at all times.
- pay attention to details.

I authorize Vantage Point to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of Vantage Point. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

Signature: _____ Date _____

Last Name: _____ First Name: _____ Middle Initial: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of information below is voluntary.

In an effort to comply with requirements regarding Affirmative Action record keeping, please complete this applicant data survey. Your cooperation is appreciated.

The survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Please type or print

Name:	Date:
List the title of the position(s) applied for:	
Gender: ___ Male ___ Female	
Please identify yourself within one of the following <i>Ethnic Groups</i> :	
___ Hispanic or Latino* *Includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.	
___ Not Hispanic or Latino	
If you are Not Hispanic or Latino, please identify yourself within one of the following <i>Racial Groups</i> :	
___ White ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ Asian ___ American Indian or Alaska Native ___ Two or More Races	
How did you learn about the job(s)?	
___ Newspaper Government Agency ___ Employment Agency ___ Job Service ___ Friend ___ Relative ___ Employee Other _____ ___ Internet Posting Company Website Person referring you (if applicable): _____	

**SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS
AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:**

Our voluntary Affirmative Action program is subject to the Vietnam Era Veterans Readjustment Act of 1974 and Rehabilitation Act of 1973. Therefore, we are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

___ Vietnam Era Veteran ___ Disabled Veteran ___ Individual With a Disability

An Equal Opportunity Employer

Vantage Point is committed to equal opportunity for all. This policy governs our business activities in a manner which provides equal opportunity and treatment for all employees without regard to race, sex, color, religion, national origin, age, disability or veteran status.