

## CORE VALUES

### To our Applicants:

The VNA Health at Home, Inc. core values guide our organizational conduct and work performance.

Please take a moment to review.

#### QUALITY

The Agency remains steadfast in its commitment to provide quality care to patients and their families. Through our Agency-wide Quality Improvement Program, we monitor the delivery of services to ensure that we uphold rigorous standards of care.

#### INTEGRITY

VNA Health at Home values personal and professional honesty and high moral character. We are committed to maintaining the highest level of ethical standards as established in our Code of Conduct.

#### TEAMWORK

VNA Health at Home believes its greatest strength lies in its caring staff of professionals and paraprofessionals. Our support of each other, and our willingness to share knowledge and skills results in a strong, cohesive Team.

#### EDUCATION

We are committed to providing ongoing educational opportunities and encourage our staff to continually enhance their skills. Additionally, the Agency's Community Wellness Program complements the care we provide and serves to educate the community by encouraging them to adopt tools that will assist in improving their health.

AN EQUAL OPPORTUNITY EMPLOYER

For Office Use Only  
Interview Date: \_\_\_\_\_

VNA HEALTH AT HOME, INC.  
27 SIEMON COMPANY DRIVE  
WATERTOWN, CT 06795

Time: \_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_ FULL TIME \_\_\_\_ PART TIME \_\_\_\_ DATE \_\_\_\_\_

NAME IN FULL \_\_\_\_\_

Last

First

Middle

RESIDENCE \_\_\_\_\_

Street Address

City

State

Zip

How Long

TELEPHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Health care professionals are required to provide their own cars for home visits.

Do you have a car available for daily use? Yes\_\_ No\_\_

Do you hold a current Connecticut driver's license? Yes\_\_ No\_\_

**You are not required to disclose an arrest, criminal charge or conviction if the records have been erased. The type of records subject to erasure include: a finding of delinquency or that a child was a member of a family with service needs; a sentence as a youthful offender; a dismissal; nolle prosequi charge; or not guilty judgment; and an absolute pardon. Any person whose criminal records were erased will be considered to have never been arrested and may swear so under oath.**

Have you ever been arrested of any crime? Yes\_\_ No\_\_

If Yes, please explain: \_\_\_\_\_

*(A prior arrest will not necessarily be a barrier to employment. In making a hiring decision, factors such as the date, seriousness, and nature of the violation, together with any rehabilitation, will be taken into account.)*

Have you ever been sanctioned by a Federal or State law enforcement, regulatory or licensing agency? Yes\_\_ No\_\_

If Yes, please explain: \_\_\_\_\_

Are you or have you been involved in any legal action concerning medical malpractice? Yes\_\_ No\_\_

**PROFESSIONAL REFERENCES:**

Name _____
Street _____
City _____ State _____
Phone _____
How Long Have They Known You? _____
In what professional capacity? _____

Name _____
Street _____
City _____ State _____
Phone _____
How Long Have They Known You? _____
In what professional capacity? _____

Professional License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

H.H.A. Certification No. \_\_\_\_\_ Date Issued \_\_\_\_\_

**EDUCATIONAL RECORD**

School Name & Location	HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
	1	2	3	4	1	2	3	4	1	2	3	4
Years Completed												
Date Completed												
Diploma/Degree												
Course Of Study												
Further Education Additional Training												

**EMPLOYMENT RECORD - 5 YEARS**  
(BEGIN WITH CURRENT POSITION)

NAME AND ADDRESS OF EMPLOYER	EMPLOYED		POSITION HELD
	From	To	

The Applicant's resume is considered part of the employment application. The information provided is true and complete to the best of my knowledge.

**I understand that all employment with the Agency is on an at-will basis. Employees are free to resign or may be terminated at any time. Neither this application nor any other personnel forms or policies constitute an employment contract. I understand that no representative of the Agency other than the Agency Administrator has any authority to enter into any agreement contrary to the foregoing, and any such agreement must be in writing and authorized by the Board of Directors.**

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge whenever discovered. I understand, also, that I am required to abide by all rules and regulations of the Agency.

**SIGNATURE OF APPLICANT \_\_\_\_\_**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

VNA Health at Home does not discriminate on the basis of race, color, national origin, disability, age, sexual orientation or any other classification protected by law, in admission or access to, treatment or employment in, its programs or activities.

**NOTICE: All applicants being considered for employment may be subject to drug screening and may be required to provide a Physician's Statement of Eligibility for Employment, prior to employment. The results will be available to you, and kept confidential by this Agency.**

**All offers of employment are conditional upon the prospective employee successfully passing the drug screening test and their submission of the Physician's Statement of Eligibility for Employment form.**

VNA HEALTH AT HOME, INC.  
27 Siemon Company Drive  
Watertown, Connecticut 06795

AUTHORIZATION TO RELEASE INFORMATION

I hereby voluntarily and knowingly authorize any and all past or present employers, supervisors, colleges, universities, or other institutions of learning, law enforcement agencies, state agencies, federal agencies, finance bureaus, credit bureaus, collection agencies, private businesses, military branches, personal references, and/or other persons, to provide records or information they may have concerning me to VNA Health at Home, Inc. or its agent. This information may include, but is not limited to, criminal history, motor vehicle history, earnings history, credit history, character, employment records, reason for termination, accident record, attendance, work performance, compatibility with co-workers, or any other information that VNA Health at Home, Inc. may require. I hereby voluntarily, knowingly and conditionally release any named or unnamed informant and VNA Health at Home, Inc. from any and all liability resulting from the furnishing of the information.

**I understand that I am not required to disclose an erased arrest, criminal charge or conviction if the records have been erased. I understand that the type of records subject to erasure include: a finding of delinquency or that a child was a member of a family with service needs; a sentence as a youthful offender; a dismissal; nolle charge or not guilty judgment; and a conviction that was absolutely pardoned. I understand that any person whose criminal records were erased will be considered to have never been arrested and may swear so under oath.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date