

Visiting Nurse Association of Central Pennsylvania

a  Health System Agency

This is great...you've opted to take the next step in joining our care delivery team! It's such an exciting time for you and our team!

Not one to sit back and relax, we continue to evolve in this ever-changing healthcare environment, and be proactive in meeting the needs of our patients while streamlining processes to alleviate added stress for our clinical staff, especially our nurses. Within our last year, we have incorporated a patient-centered delivery of care approach, which allows our clinician in the field to tend to the direct care of the patient while another team member coordinates the care management process. Through our team approach, you can complete your scheduled visits, provide updates to your team, and then you're on your way home for the day. Yes, it's streamlined that much.

The well-being and health of our staff is just as important as that of our patients. Our System promotes and encourages:

- ◆ Work/Life Balance
- ◆ Great Benefits
- ◆ Excellent Pay Rates - get paid what you are worth
- ◆ Friendly Team Environment
- ◆ Professional Support Staff

Visiting Nurse Association of Central Pennsylvania is our southern agency within the VNA Health System, and has been caring for Harrisburg and surrounding communities for over 100 years. It's a proud tradition of caring from combating the typhoid epidemic in the early 1900s to establishing diphtheria clinics to evaluating returning military personnel for emotional disturbances after the wars through to today - as an agency of the VNA Health System. VNA Health System provides quality, cost effective home health care and related services to all persons or families within the service area, regardless of ability to pay. VNA Health System offers a comprehensive range of health care services that encompass Hospice care, Skilled Nursing home care, Private Duty caregiver support and Adult Day Care.

Specialty services include: Cardiac Care, Medication Management, Maternal Child Health, Wound & Ostomy Care, Physical, Occupational and Speech Therapies, Medical Social Work, TeleHealth Monitoring, Palliative Care through our Hospice program, plus an extensive Flu Vaccine Program.

Additional offices are located in Lewisburg, Lewis-town, Lock Haven, Shamokin and State College. VNA Health System employs over 500 professionals.

Complete our application below today to join our team for a very rewarding career in home care nursing!

Visiting Nurse Association of Central Pennsylvania
3315 Derry Street
Harrisburg, PA 17111
717.233.1035



Save the completed application to your computer and then submit by Email to vnacp-hr@vnahs.com or Fax - 717.233.2759. You can also mail us at: Visiting Nurse Association of Central Pennsylvania, 3315 Derry St Harrisburg, PA 17111-1811

VNA HEALTH SYSTEM.....

- ◆ **VNA Health System**
21 W. Independence St.
Shamokin, PA 17872
(570)648-8989
(570)648-9590 fax
- ◆ **CNS of Clinton County**
124 Woodward Avenue
Lock Haven, PA 17745
(570)748-8511
(570)748-3599 fax
- ◆ **Centre HomeCare**
2437 Commercial Blvd Suite 6
State College, PA 16801
(814)237-7400
(814)237-2800 fax
- ◆ **VNA of Central PA**
3315 Derry Street
Harrisburg, PA 17111
(717)233-1035
(717)233-2759 fax
- ◆ **VNA Private Duty, Inc.**
1070 Market St, 3rd Floor
Sunbury, PA 17801
(570)863-0171
(570)863-0172 fax

EMPLOYMENT APPLICATION

Position: _____ **Date of Application:** _____
(you are applying for)

Name: _____

Address: _____ **Phone #:** _____

_____ **Cell #:** _____

Are you either a U.S. Citizen or alien who has the legal right to remain and work in the U.S.?
 Yes No

Have you ever been employed by VNA Private Duty, Inc, VNA Health System or any of its affiliates (Community Nursing Service of Clinton County, Centre HomeCare, or VNA of Central PA)?
 Yes No

Date available for work: _____ **Hourly Rate/Salary Desired:** _____

Type of employment you are seeking: Full-time Part-time Flex-time Other

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?
 Yes No

Do you possess a valid PA driver's license? Yes No

PA Drivers License # _____

Have you ever been convicted of a crime? Yes No

If yes, please provide details _____

Have you been a resident of the Commonwealth of PA for at least 2 years? Yes No

EDUCATIONAL BACKGROUND:

| | | |
|---|------------------------|--------------------------|
| Elementary School Name and Address | Years Completed | Did you Graduate? |
| | | |
| High School Name and Address | Years Completed | Did you Graduate? |
| | | |
| Other Schools Name and Address | Years Completed | Did you Graduate? |
| | | |

Do you have any special skills, licenses or certificates that would help you perform the duties of the position for which you are applying?

| Type | State Issued | Date Issued | Expiration Date |
|-------------|---------------------|--------------------|------------------------|
| | | | |
| | | | |

Have your professional licenses and/or certificates ever been suspended, revoked or placed on probation? Yes No

If so, when and for what reason? _____

EMPLOYMENT HISTORY:

1) Employer: _____ Phone #: _____
Employer Address: _____

Supervisor's Name: _____ Position Held: _____
Dates of Employment: _____ to _____
Hourly rate of pay: _____
Reason for leaving: _____
Brief description of your duties: _____

2) Employer: _____ Phone #: _____
Employer Address: _____

Supervisor's Name: _____ Position Held: _____
Dates of Employment: _____ to _____
Hourly rate of pay: _____
Reason for leaving: _____
Brief description of your duties: _____

3) Employer: _____ Phone #: _____
Employer Address: _____

Supervisor's Name: _____ Position Held: _____
Dates of Employment: _____ to _____
Hourly rate of pay: _____
Reason for leaving: _____
Brief description of your duties: _____

REFERENCES:

Please list the name, address, and telephone number for individuals who are **not** related to you and can evaluate your work performance.

| | <u>Name</u> | <u>Address</u> | <u>Phone #</u> | <u># of Years Known</u> |
|----|-------------|----------------|----------------|-------------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

Please read carefully before signing:

All phases of employment at VNA Private Duty, Inc. (VNAPD), VNA Health System (VNAHS) or any of its affiliated agencies (Centre HomeCare (CHI), VNA of Central PA (VNACP), and Community Nursing Service of Clinton County (CNS) are based strictly upon the qualifications of the individual as related to the work requirements of the position. I understand VNAPD/VNAHS/CHI/VNACP/CNS are equal opportunity employers and that no question on this application is used for the purpose of limiting or excluding an applicant from consideration based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under federal, state or local laws.

I understand that this employment application is not an offer of employment. I also understand that any employment will be on a six (6) month introductory basis 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. I understand this application does not constitute an agreement or contract for employment for any specified period or duration.

I authorize VNA Private Duty, Inc., VNA Health System and its affiliated organizations to contact my references, former employers, schools, the Pennsylvania State Police, Federal Bureau of Investigation, local police and any other resource they deem necessary to verify the information contained in this application knowing that any falsification on my part is sufficient grounds to eliminate me from further consideration for employment or immediate discharge from employment. I also understand that any offer of employment is contingent upon a satisfactory check of my references, criminal background check, and satisfactory results of any required medical examinations, which may include a drug screening test.

I hereby authorize all individuals and organizations named or referred to in this application or any other resource deemed necessary by the employer to provide all information relative to my employment, work habits and character and hereby release such individuals, organizations, and VNAPD, VNAHS or any of its affiliates from any liability for any damage which may result.

I certify that all of the information provided in this application is true and correct and that I have read, fully understand, and accept the above listed terms.

Signature: _____ **Date:** _____

VNAPD/VNAHS/CNS/CHI/VNACP are Equal Opportunity Employers

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