

PERSONAL/PROFESSIONAL REFERENCES (Give below the names of three (3) persons, not former employees or relatives, whom you have known at least one (1) year.

<u>Full Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Business/Relationship</u>	<u>Years Acquainted</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Employers (Start with most recent/current position)

Name			Address		
From	To	Your Position	City	State	Telephone Number
_____	_____	_____	_____	_____	_____
		Supervisor	Salary	Reason for Leaving	
_____	_____	_____	_____	_____	

Name			Address		
From	To	Your Position	City	State	Telephone Number
_____	_____	_____	_____	_____	_____
		Supervisor	Salary	Reason for Leaving	
_____	_____	_____	_____	_____	

Name			Address		
From	To	Your Position	City	State	Telephone Number
_____	_____	_____	_____	_____	_____
		Supervisor	Salary	Reason for Leaving	
_____	_____	_____	_____	_____	

Name			Address		
From	To	Your Position	City	State	Telephone Number
_____	_____	_____	_____	_____	_____
		Supervisor	Salary	Reason for Leaving	
_____	_____	_____	_____	_____	

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal of employment, or if employed, termination from the company. I authorize Community Visiting Nurse Association, its agents and/or representatives, to investigate me, my education and my past employment fully. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company. I understand that I do not have a Contract of Employment with the Company, that my employment will be at-will and is not for a definite duration and that my employment can be terminated with or without cause or notice at any time, at the option of either the Company or myself.

Signature	Date
_____	_____



AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

To Whom It May Concern:

I have applied for a position with Community Visiting Nurse Association and hereby give my permission for release of reference information as it relates to my application for employment.

Name: _____

Signature: _____

Social Security Number: _____