

# WVMI/Quality Insights Employment Application

WVMI/Quality Insights  
3001 Chesterfield Place  
Charleston, WV 25304  
Phone: (304) 346-9864  
Toll Free Phone: (800) 642-8686  
Fax: (304) 347-8825  
Email: [hr@wvmi.org](mailto:hr@wvmi.org)

Quality Insights of Delaware  
Baynard Building, Suite 100  
3411 Silverside Road  
Wilmington, DE 19810  
Toll Free Phone: (800) 642-8686  
Fax: (304) 347-8825  
Email: [hr@wvmi.org](mailto:hr@wvmi.org)

Quality Insights of Pennsylvania  
630 Freedom Business Center  
Suite 116  
King of Prussia, PA 19406  
Toll Free Phone: (800) 642-8686  
Fax: (304) 347-8825  
Email: [hr@wvmi.org](mailto:hr@wvmi.org)

**Instructions: Complete all information. This application will be kept on file for one year.  
Be sure to sign and date the application. Please print.**

Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - - Phone ( ) - Ext. Cell: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Expected Pay \$ \_\_\_\_\_

Would you accept  Full-time work  Part-time work  PRN work

Date you are available to begin work:  2-weeks or \_\_\_\_\_

Have you ever been employed here before? No  Yes  Date \_\_\_\_\_

Are you legally eligible for employment in the United States? No  Yes  (Proof required)

Are you of legal age to work in the United States? Yes  No

Have you ever been convicted of any violations of the law, including moving traffic violations?  Yes  No

If yes, please provide the following:

Description of offense:

Statute or ordinance (if known):

Date of charge:

Date of conviction:

County, city, state of conviction:

For additional convictions use plain paper and include all the information requested above.

## Educational Background

Note: Indicate name on education and employment records if different from present name:

School	Name, city and state of school	Course of Study	Type of degree or diploma awarded	RN License # and State
High School				
College				
Graduate School				
Vocational Training-other				

Please list any of the following that would be of benefit in the position for which you are applying:

Special training, skills, or experience including all computer skills:

Professional memberships, certifications, and licensure:

## Employment Experience

Place an X by the employer(s) you **do not** want us to contact. List your most recent employer first.

A resume does not substitute for requested information.

<input type="checkbox"/>	Employer _____	Job Title _____		
	Address _____	Hourly Rate/Salary _____	Starting \$ _____	Final \$ _____
		Dates Employed _____	From: _____	To: _____
	Phone ( ) - Ext. _____	Work Performed _____		
	Supervisor _____	Reason for Leaving _____		

<input type="checkbox"/>	Employer _____	Job Title _____		
	Address _____	Hourly Rate/Salary _____	Starting \$ _____	Final \$ _____
		Dates Employed _____	From: _____	To: _____
	Phone ( ) - Ext. _____	Work Performed _____		
	Supervisor _____	Reason for Leaving _____		

<input type="checkbox"/>	Employer _____	Job Title _____		
	Address _____	Hourly Rate/Salary _____	Starting \$ _____	Final \$ _____
		Dates Employed _____	From: _____	To: _____
	Phone ( ) - Ext. _____	Work Performed _____		
	Supervisor _____	Reason for Leaving _____		

## Professional Reference

Name _____	Phone ( ) - Ext. _____	Cell: _____
Address _____		

Name _____	Phone ( ) - Ext. _____	Cell: _____
Address _____		

Name _____	Phone ( ) - Ext. _____	Cell: _____
Address _____		

### WVMI/Quality Insights is an Affirmative Action, Equal Opportunity Employer

Please note: Accommodations are available for applicants with disabilities in all phases of the application and employment processes.

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with WVMI/Quality Insights. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize WVMI/Quality Insights to rely upon and use, as it sees fit, any information received from such contacts.

I certify that if I am a male, born after January 1, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Voluntary Affirmative Action Questionnaire

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes only. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Full Name \_\_\_\_\_ Date / /

Social Security # - - Date of Birth / /

Position applied for \_\_\_\_\_

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Please indicate referral source:

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Employee referral            | Name of publication:            |
| <input type="checkbox"/> Newspaper, magazine, journal | Name of school or organization: |
| <input type="checkbox"/> School or organization       | Name of agency:                 |
| <input type="checkbox"/> Employment Agency            | Name of web site:               |
| <input type="checkbox"/> Web site                     | Please specify:                 |
| <input type="checkbox"/> Other                        |                                 |

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)  
 Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)  
 Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)  
 Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)  
 American Indians (includes Alaskan Natives)  
 Other: Please indicate:

Check the block for the highest level of education you have completed (check only one):

- Attended high school  
 High school graduate or equivalent  
 Attended college and/or associate degree  
 Four-year college degree  
 Attended graduate school  
 Master's degree  
 Graduate study beyond master's requirements  
 Ph.D. degree  
 M.D. degree  
 Other (specify):

Indicate veteran status:

- Current  Army  Navy  Air Force  Marines  
 Vietnam Era Veteran

Check the appropriate block:

- Male  
 Female

## FOR OFFICE USE ONLY

EEO Category: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date