



Vergennes Residential Care

Employment Application

Vergennes Residential Care Home does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, military status, or disability. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply employment for this applicant.

Applicant Information

Form with fields for Full Name (Last, First, M.I.), Address (Street, Apartment/Unit #), City, State, ZIP Code, Phone, E-mail Address, Date Available, Social Security No., Desired Salary, Position Applied for, and authorization questions.

Specify when you are available to work (Check all that apply)

Form with checkboxes for Days (Monday-Sunday, All), Times (Days, Evenings, Overnights, All), and Desired Employment Status (Full Time, Part Time).

How did you find out about this job opening?

Form with checkboxes for Web Page, Newspaper/ Journal Ad, Referral, Job Service, and Other (please explain).

Education

Form with fields for High School and College education, including From/To dates, Did you graduate?, YES/NO checkboxes, and Degree.

Professional Licenses and/or Certifications				
Type	Origin or State Issued	Date Issued	Number	Verification (office use only)

Previous Employment						
Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please explain all periods of unemployment:

If your former employment references or education are under a name other than presented on the front of the application please indicate:

Last	First	M.I.
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Please list any additional information which will assist us in placing you:

References			
<i>Please list three professional references and one personal reference.</i>			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Are you aware of any limitation you may have which would limit your ability to perform the essential functions of the position(s) for which you are applying? YES NO

If so, what accommodations will you require? Explain.

Disclaimer and Signature	
<p>I voluntarily give Vergennes Residential Care Home the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigations and release from all liability or responsibility all persons, companies, or corporations supplying such information.</p> <p>I understand that for positions which require use of a company vehicle, a check of my driving record will be conducted.</p> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I consent to take the employment physical examination after I am given an offer or employment and such future physical examinations as may be required by Vergennes Residential Care Home, which may include a drug test, at such time and places as Vergennes Residential Care Home shall designate. I acknowledge that I may be required to take a drug test at any time during my employment with Vergennes Residential Care Home.</p> <p>I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I understand that I will be required to follow the personnel policies and rules of Vergennes Residential Care Home and those infractions may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment in the USA.</p>	
Signature:	Date: