



APPLICATION FOR EMPLOYMENT

This application is considered a legal document and must be completed in full. Please do not write "see resume".

APPLICANT DATA:

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

ELIGIBILITY FOR EMPLOYMENT:

____ Yes ____ No Are you 18 years of age or older?

____ Yes ____ No Do you have the legal right to accept employment in the United States?

____ Yes ____ No Have you ever been convicted of a crime? If yes, please explain.

____ Yes ____ No Is there anything that will prevent you from performing the essential functions of the position(s) for which you are applying with or without reasonable accommodation? If so, please explain.

Little Rivers Health Care is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited. No question on this application is asked for the sole purpose of limiting or excluding any applicants for employment based on any of the above grounds.

EMPLOYMENT APPLICATION:

Position(s) Applying For: _____ Desired Salary: _____

Date available to begin: _____ Circle Type of Work Desired: Full-Time Part-Time Per Diem

How did you hear about this opening? Newspaper Employee Job Fair/Exhibit Other: _____

Have you previously been employed by LRHC? Yes No If yes, when _____ /Position _____

Have you ever worked under another name? ☐ Yes ☐ No If yes, what? _____

EDUCATIONAL BACKGROUND:

SCHOOL	ADDRESS	GRAD. DATE	DEGREE	MAJOR
High School				
College/University				
College/University				

Graduate School				
Tech. or Business School				

EMPLOYMENT HISTORY: *(Begin with your most recent employment)*

Name of Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Employment Dates: From _____ To _____ Hours per week: _____
 Month/Year Month/Year
 Job Title: _____
 Job Duties: _____

 Supervisor: _____ Supervisor Telephone #: _____
 May we contact your current employer? ☐ Yes ☐ No
 Reason for leaving: _____

Name of Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Employment Dates: From _____ To _____ Hours per week: _____
 Month/Year Month/Year
 Job Title: _____
 Job Duties: _____

 Supervisor: _____ Supervisor Telephone #: _____
 Reason for leaving: _____

Name of Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Employment Dates: From _____ To _____ Hours per week: _____
 Month/Year Month/Year
 Job Title: _____
 Job Duties: _____

 Supervisor: _____ Supervisor Telephone #: _____
 Reason for leaving: _____

LICENSURE/CERTIFICATION:

TYPE	ISSUING STATE	EXPIRATION DATE	LIC./CERT. NUMBER

SKILLS:

Office: ☐ Typing ____ wpm ☐ Shorthand ____ wpm ☐ Medical Terminology

Computer: ☐ Word ☐ Excel ☐ Power Point ☐ PC ☐ Mac ☐ Programming

Office Machines/Software Used:

ATTENDANCE:

Consistent attendance and punctuality are essential requirements of every job with LRHC. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with LRHC? ☐ Yes ☐ No

If yes, please explain: _____

REFERENCES: (Give name, address, and telephone number of three business references who are not related to you.)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

ADDITIONAL COMMENTS: (Please include any additional information that you feel would be applicable)

NOTIFICATION AND AGREEMENT: (Read this section thoroughly and carefully; then sign and date below.)

I understand, if hired, my offer of employment and continued employment may be contingent upon my successful passing of: a physical exam, including TB testing as may be required by the State Health Code and/or by facility policy; checks on my criminal background which may include checks of the elder abuse registry, child abuse and neglect registry, federal registry, or any other background checks required by law or Little Rivers Health Care; and my continued eligibility to participate in Federal health care programs. I further agree to provide updates to these background checks as requested by Little Rivers Health Care and to execute such releases or other documents as may be necessary to conduct these background checks and understand all of these checks can be conducted with any/all states that I have resided within. I also understand that I will be required to provide verification of employment eligibility as required by the Immigration and Naturalization Service.

I hereby certify that all information written in this application or given during interviews by me is true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. Furthermore, I understand that just as I am free to resign at any time, Little Rivers Health Care reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Little Rivers Health Care has the authority to make any assurances to the contrary of this At-Will Employment relationship. I also understand that my work schedule and duties are subject to change based upon the needs of Little Rivers Health Care and that any complaint with regard to matters of employment will be handled in accordance with Little Rivers Healthcare Employee Complaint Procedure contained in the Human Resources Policy Manual.

I authorize the investigation of all statements and information contained in this application and I consent to the release to LRHC of any requested information or records. I release from all liability anyone supplying such information to LRHC and I also release LRHC from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements.

APPLICANT SIGNATURE: _____ **DATE:** _____

Little Rivers Health Care reviews all the applications carefully and contacts only those applicants selected for an interview. Thank you for your interest in employment with Little Rivers Health Care.

Completed applications should be e-mailed to HR@littlerivers.org or mailed to:

Little Rivers Health Care
P.O. Box 338
Bradford, VT 05033
Phone: (802) 222-4637
Fax: (802) 222-5674