



THE MANOR

577 Washington Highway, Morrisville, VT 05661
802-888-8700

Employment Application

Date _____

Personal

Name _____ Email _____

Present address _____

Phone _____

Permanent address _____

Phone _____

Position applied for _____ Date available to begin work _____

How did you hear about this position?

Social Media: Facebook Website Other: _____

Ad in newspaper

Recommended by someone: name of person who recommended _____

Other: _____

Are you applying for: Full time Part time Permanent Temporary

If you are applying to the nursing department: Three twelve-hour shifts

Do you have a shift preference? Yes No

If yes, please list: First Second Third

If you are applying for three twelve-hour shifts: 7am to 7pm 7pm to 7am

If your preferred shift is not available, are you able to work another shift until your preferred shift becomes available?

Yes No

Have you ever been employed at the manor? Yes No

If yes, please list position and dates of employment:

Long range occupational goals:



Education/Skills

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	Diploma/Degree
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High _____

College _____

College _____

Other: Business College, Other Special Courses (include Special Military Training, Post Graduate and Nursing)

Area of specialization or major interest _____

List health care equipment operated (if applying for a position In the Nursing Department):

Professional Licenses and/or Certifications

Are you currently: Registered Licensed Certified

Are you eligible for: Registration Licensure Certification

If licensed, registered or certified:

Type _____ State issued _____ Date _____ No. _____

Type _____ State issued _____ Date _____ No. _____

Type _____ State issued _____ Date _____ No. _____

The Manor is mandated by state and federal agencies to conduct five background checks once an offer of employment has been made. The Vermont Agency of Human Services maintains both the adult abuse registry and the child abuse registry; we are mandated to check both of these registries. We conduct a Vermont and National criminal information center database search which reports all felony and misdemeanor convictions. CMS, the federal agency administering Medicare, maintains a database of individuals who have committed Medicare fraud; we check this database as well.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.



Previous Experience

Please list name, address and phone number of previous employers with most recent employer first

Employer name **Employed from** **Employed to** **Immediate supervisor**

Employer address and phone

Job title: _____

Duties:

Reason for leaving: _____

Employer name **Employed from** **Employed to** **Immediate supervisor**

Employer address and phone

Job title: _____

Duties:

Reason for leaving: _____

Employer name **Employed from** **Employed to** **Immediate supervisor**

Employer address and phone

Job title: _____

Duties:

Reason for leaving: _____



State if you do not want us to contact any of the above listed former employees and the reason you do not want each contacted.

Can we run a detailed employment check, including but not limited to a check with your previous employers?

Yes No

Please sign here to authorize reference check _____

References

List at least three references who are past employers or who know you in a business capacity:

Name, title and relationship _____

Company name _____ Telephone _____

Address _____

Name, title and relationship _____

Company name _____ Telephone _____

Address _____

Name, title and relationship _____

Company name _____ Telephone _____

Address _____

Name, title and relationship _____

Company name _____ Telephone _____

Address _____



Remarks

Make any comments you feel are pertinent to your application

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

Signature _____ Date _____

For office use only

(These notes are open to inspection – please keep information factual.)

References checked by _____

Reference #1: Name _____ Date _____

Reference #2: Name _____ Date _____

Reference #3: Name _____ Date _____

