

Vernon Advent Christian Home Employment Application Form



Instructions: Please print out this form, fill out all information and mail back your completed form to:

Coleen Williams, Human Resources
 Vernon Advent Christian Home
 61 Greenway Drive
 Vernon, Vermont 05354

TITLE OF JOB APPLIED FOR:	DATE:
NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS:	HOME TELEPHONE:
CITY, STATE, ZIP CODE:	WORK (or message) TELEPHONE:
PERMANENT ADDRESS (if different from mailing)	This document will be kept on file for a period of 90 days from the date of application.

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously been employed by Vernon Advent Christian Home? When? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have relative or any other person(s) residing with you, who is employed by Vernon Christian Home? If yes, give name and relationship): NAME: _____ RELATIONSHIP: _____
<input type="checkbox"/>	<input type="checkbox"/>	For employment, can you submit verification of U.S. Citizenship, Permanent Resident, or Registered Alien? If Alien, Alien Registration # _____ and Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a crime?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have reliable transportation?

WORK SCHEDULE/DESIRED WAGE

Check the type(s) of employment you are interested in:

Full-Time Part-Time Temporary All

Check the shifts you are willing to work:

Day Shift Evening Shift Night Shift Any Shift

Anticipated hourly rate of pay per hour: \$ _____ per hour

If your application is considered favorably, what date will you be available? _____

EDUCATION/TRAINING HISTORY

NAME AND LOCATION OF LAST SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	HIGHEST GRADE COMPLETED	DEGREE EARNED AND YEAR
	from: To:			

Do you have a high school diploma or GED certificate? Yes No

PROFESSIONAL: LICENSING/REGISTRATION/CERTIFICATE

DESCRIPTION (e.g. Register Nurse)	LICENSE NUMBER	STATE	EXPIRATION

REFERRAL

Did a current employee of Vernon Advent Christian Home refer you to us? Yes No

Employee's name: _____

REFERENCES

Please list three individuals not related to you who may know of your work qualifications and can serve as a reference for you.

NAME AND TITLE OR RELATIONSHIP	ADDRESS	PHONE

EMPLOYMENT HISTORY - A RESUME WILL NOT SUBSTITUTE

Describe your history below beginning with your current or most recent job.

JOB	EMPLOYER:		TYPE OF BUSINESS
ADDRESS			PHONE NUMBER
EMPLOYMENT FROM:	TO:	STARTING HOURLY PAY	ENDING HOURLY PAY: SUPERVISOR'S NAME:
DUTIES (Describe in detail the duties you performed)			
REASON FOR LEAVING:			May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB	EMPLOYER:		TYPE OF BUSINESS
ADDRESS			PHONE NUMBER
EMPLOYMENT FROM:	TO:	STARTING HOURLY PAY	ENDING HOURLY PAY: SUPERVISOR'S NAME:
DUTIES (Describe in detail the duties you performed)			
REASON FOR LEAVING:			May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB	EMPLOYER:		TYPE OF BUSINESS
ADDRESS			PHONE NUMBER
EMPLOYMENT FROM:	TO:	STARTING HOURLY PAY	ENDING HOURLY PAY: SUPERVISOR'S NAME:
DUTIES (Describe in detail the duties you performed)			
REASON FOR LEAVING:			May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

I voluntarily give Vernon Advent Christian Home the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation including the release of information from my personnel files of former or current employers. I do release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand, if hired, my employment will be terminated if information obtained from background investigations substantiates a finding of abuse, neglect, exploitation, and/or criminal activities.

I understand that my employment is dependent upon satisfactorily passing a physical exam thirty days prior to the date of hire or within thirty days from date of hire. I also understand that employment is dependent upon satisfactorily passing future physical examinations, which relate to the essential duties I would be required to perform, as may be required by Vernon Advent Christian Home at such times and places as the institution shall designate.

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 also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If accepted for employment, I will read the Employee Handbook and comply with Vernon Advent Christian Home's policies and will complete an Employment Verification Form (I-9) and show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date

Vernon Advent Christian Home Statement of Values

We will create "A community of caring that you can call home" by:

- Serving those in our care with compassion and zeal
- Regarding every employee as a vital part of our mission
- Respecting human worth and dignity
- Being honest and ethical in all our actions
- Pursuing excellence and exceptional value in all our work
- Embracing change and innovation as an opportunity for growth

Instructions: Please print out this form, fill out all information and mail back your completed form to:

Coleen Williams, Human Resources
Vernon Advent Christian Home
61 Greenway Drive
Vernon, Vermont 05354

