





APPLICATION FOR EMPLOYMENT

All qualified applicants are considered regardless of race, religion, sex, age, national origin, or handicap.

Full Name	Date
Address	
City	State Zip
	Phone (evenings)
Position applied for:	Available to Start:
Were you referred to us by anyone who of the second state who referred	currently works here? Y N
Employment Preference	
Full Time Part-time Temp Nights Swing	/Seasonal Days Evenings
Are you available to work some weekends	? Y N Holidays? Y N
Please describe any commitments or outs absence from work:	ide responsibilities which would require your
Have you ever worked for this company b	efore? If yes, when?
Name of relatives in our employment:	
Please check if you are under age 18	(if under 18, a work permit is required)
Is there any type of work which your phys a doctor not to perform certain types of w If yes, explain:	

For jobs that involve driving:			
Do you have a valid driver's license?	Υ	N	
License # and State of Issue:			

YOU MUST COMPLETE ALL PAGES TO BE ELIGIBLE FOR AN INTERVIEW

EDUCATION:

Name of High School Attended:		
City, State, Zip		
Year Graduated	GED Y N	
Name of College or Technical School	:	
City, State, Zip		
City, State, Zip De	egree	
Name of Graduate School:		
City, State, Zip		
Year Graduated Degree		
Are you presently enrolled in school	? Y N	
If yes, give name and address of scho	ool and expected degree date?	
List job-related skills or accomplishm	nents	
,		
!	Military Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
, , <u>——</u>		

WORK HISTORY

Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Talanhana	May we Contact? Y N
Telephone:	-
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Telephone:	May we Contact? Y N
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Telephone:	May we Contact? Y N

ATTACH A COPY OF YOUR MOST RECENT RESUME

LICENSURE

If you have attained a professional license or certification, please complete the section below:

Types of license or certification (ex: RN, LPN, LNA, JD, CPA)
State License Number (if applicable)
Current License Expires On:
1. Are there any reprimands, conditions, or restrictions placed upon your license? Y N
Has your license to practice your profession ever been limited, suspended or revoked? Y N
3. Have you ever been or are you currently under investigation, or involved in any proceeding involving your practice, before any state licensing board? Y N
If you answered "Yes" to any of the above, explain:

ADULT OR CHILD ABUSE

- 1. Have you ever had a substantiated finding of Child or Adult Abuse? Y N
- 2. Are you currently being investigated for Child or Adult Abuse, including but not limited to, any investigation for neglect, abuse or financial exploitation?

Y N

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you <u>ever</u> been convicted of or pled guilty to a crime, including any motor vehicle crime? (Do not include convictions that were sealed, erased, annulled, or expunged pursuant to a court order.)

rrently awaiting trial for any criminal offense? Ircle one) Please explain any "yes" answer. Per been convicted of any of the following offenses? MUS The relating to the delivery of service under Medicare Medicaid?	T CIRC	LE CHOICE	
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relating to the delivery of service under Medicare Medicaid?			
	Υ	N	
relating to abuse or neglect of patients in connection with very of healthcare?	Y	N	
nvolving fraud, theft, embezzlement, breach of fiduciary ibility or other financial care or involving any act of omission gram financed in whole or in part by any federal, state, or vernment?	Y	N	
tion of justice?	Υ	N	
relating to the manufacture, distribution, prescription, nsing of any controlled substances?	Y	N	
now or have you ever been issued a relief from abuse any other type of temporary or permanent restraining	Y	N	
now or have you been involved in any crime related to r neglect of vulnerable people (children, the elderly or with a disability)?	Υ	N	
vered "yes" to any of the above questions, please e	explai	n:	
1	relating to abuse or neglect of patients in connection with very of healthcare? Involving fraud, theft, embezzlement, breach of fiduciary ibility or other financial care or involving any act of omission gram financed in whole or in part by any federal, state, or vernment? Ition of justice? Telating to the manufacture, distribution, prescription, insing of any controlled substances? In ow or have you ever been issued a relief from abuse any other type of temporary or permanent restraining In ow or have you been involved in any crime related to relief to related to reglect of vulnerable people (children, the elderly or with a disability)?	relating to abuse or neglect of patients in connection with very of healthcare? Involving fraud, theft, embezzlement, breach of fiduciary ibility or other financial care or involving any act of omission gram financed in whole or in part by any federal, state, or vernment? Ition of justice? Y relating to the manufacture, distribution, prescription, nsing of any controlled substances? Inow or have you ever been issued a relief from abuse any other type of temporary or permanent restraining Inow or have you been involved in any crime related to reglect of vulnerable people (children, the elderly or with a disability)?	relating to the delivery of service under Medicare Medicaid? Y N relating to abuse or neglect of patients in connection with Y N relating to abuse or neglect of patients in connection with Y N relating to abuse or neglect of patients in connection with Y N relating to the financial care or involving any act of omission gram financed in whole or in part by any federal, state, or vernment? Ition of justice? Y N relating to the manufacture, distribution, prescription, N rising of any controlled substances? In ow or have you ever been issued a relief from abuse Y N relating to the manufacture of temporary or permanent restraining In ow or have you been involved in any crime related to Y N relating to the delivery or

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

This company does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Living Well Communities, any employment relationship with Living Well Communities is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I authorize the Residence to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Residence. I hereby release and hold the Residence harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying. I agree to such scheduling changes as directed by my department head or administrator.

I understand that if I am offered a position with Living Well Communities, that such offer will be contingent upon my having a post-offer physical exam (POPE) and drug test, completed by the office appointed to conduct such exams and tests for Living Well Communities. I will be required to have a negative drug test and will need to be physically able to do the job I am being hired for. LWC covers the cost of the POPE and drug test (approximately \$250). If however, I quit or resign from LWC within the first six months of employment, I understand and acknowledge that I will be responsible for reimbursing LWC for the cost of the POPE and I authorize LWC to deduct the cost of the POPE from my final paycheck.

Finally, I also understand that Living Well Communities will conduct a criminal background check on me. I have given permission for such a check to be done, and I also give permission to LWC to review any information about me on the Vermont Adult Abuse Registry and the Vermont Child Protective Services Registry.

I have read, understand and agree to the above statements.

Signature	Date
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PERSONAL REFERENCES (do not list any relatives or former employers listed above):

Name:	Phone#:	Work#:	Relationship:
1			
2			
3			
Use the space below to captitudes that you feel q	describe your interest in jualify you for a position	n our Residence, an with us:	along with the skills and
Signature:			Date:

OFFICE USE ONLY: Interview Date: Child Abuse Registry Check Completed? _____ Adult Abuse Registry Check Completed? _____ Criminal Records Registry Check Completed? _____ Nursing Board Check Completed? _____ Health Evaluation: References:

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Comments:

Hire: Yes	No	Salary	Hourly	
		·	<i>,</i>	
Start Date				
Signature:			Date:	