



LITTLE RIVERS HEALTH CARE
PO Box 338
Bradford, VT 05033

Application For Employment

(Application must be completed in full even if attaching a resume.)

NAME: _____ SS#: _____
 Last, First, Middle Initial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

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 Area

Little Rivers Health Care is an equal opportunity employer. We consider applicants for all positions on the basis of qualifications. Federal and State laws prohibit discrimination in employment practices because of age, race, color, religion, gender, sexual orientation, marital status, national origin or mental or physical disability. 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.

If you are under Age 18, please state your age: _____ Can you supply youth employment authorization? Yes No

Are you a U.S. Citizen or an Alien who has the legal right to remain and work in the U.S.? Yes No

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				
Technical or Business School				

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

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

If YES, please explain: _____

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)

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

NOTIFICATION AND AGREEMENT: (Please read before signing)

I certify that all answers given by me are 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.

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 understand that if offered a position, I may be required to submit to a pre-employment physical, drug screening and a criminal record check prior to beginning employment. I acknowledge that I am physically and mentally able to perform the essential functions of this position.

I also understand that I will be required to provide verification of employment eligibility as required by the Immigration and Naturalization Service. I further understand that continuous employment is conditional upon satisfactory performance during a 90 day introductory period and that neither I nor LRHC is obligated to continue our employment relationship if either of us does not wish to do so.

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

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

References Checked By: _____ (see enclosed forms)

Position: _____ LRHC Site: _____

Start Date: _____ Hours per week: _____ Salary: _____

Human Resources _____ Date

CEO _____ Date