

EMPLOYMENT/WORK HISTORY: Please list your current (or most recent) employer and then your two (2) previous employers. All the information requested below must be complete to be considered for employment. Please provide names, complete mailing addresses and phone numbers.

CURRENT OR MOST RECENT EMPLOYER'S NAME:		Dates Employed		Work Performed
Complete Mailing Address (Street, City, State, Zip):		From	To	
Telephone Number:		Hourly Rate/Salary		
Facsimile Number:				
Starting/Present Job Title:		Starting	Ending	
Supervisor's Name:	Supervisor's E-mail:			
Reason for Leaving:		<input type="checkbox"/> I am not leaving.		

PREVIOUS EMPLOYER'S NAME:		Dates Employed		Work Performed
Complete Mailing Address (Street, City, State, Zip)		From	To	
Telephone Number:		Hourly Rate/Salary		
Facsimile Number:				
Starting/Present Job Title:		Starting	Ending	
Supervisor's Name:	Supervisor's E-mail:			
Reason for Leaving:				

PREVIOUS EMPLOYER'S NAME:		Dates Employed		Work Performed
Complete Mailing Address (Street, City, State, Zip)		From	To	
Telephone Number:		Hourly Rate/Salary		
Facsimile Number:				
Starting/Present Job Title:		Starting	Ending	
Supervisor's Name:	Supervisor's E-mail:			
Reason for Leaving:				

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	CIRCLE ONE
High School				Degree GED
Undergraduate College				Degree
Graduate / Professional				Degree
Other (Specify)				Degree Certificate

SKILLS / TRAINING

Describe your personal and/or professional experiences providing care to seniors and/or people with disabilities and with end of life care.

List any professional, trade, business or civic activities and offices held.
You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.

Skills I have and/or equipment I am trained to operate.
State any additional information you feel may be helpful to us in considering your application.

Other Qualifications
Summarize job-related skills and qualifications acquired from employment, volunteer activity or other experience.



Care Attendant Application for Employment

3 Home Health Circle
St. Albans, Vermont 05478
Telephone: 802-527-7531
Facsimile: 802-527-8015
Web Site: www.fchha.org

Please print using a pen.

Equal Opportunity Employer

Last Name	First Name	Middle Initial
Mailing Address	City	State ZIP
Email Address (if you want to be contacted via e-mail)	Telephone No. (Home)	Telephone No. (Cell / Other)

Please read the following prior to completing this Application for Employment.

Our Care Attendants are hired as per diem employees. Travel is required throughout Franklin County. The amount of hours worked per week is based on our clients' needs and are not guaranteed.

It is important for us to find the right fit for you and for our clients. Please tell us more about what you are looking for in employment.

1. How many hours do you want to work per week? _____ (This position is per diem and hours are not guaranteed.)
2. When are you not available to work? _____
3. What time of day do you want to work (circle all that apply): Day Evening Night Weekend
4. Do you have a reliable vehicle that could be used to transport clients, if needed? Yes No
5. Are you willing to travel throughout Franklin County to care for our clients? Yes No
6. Are you comfortable providing personal care to male and female clients? Yes No
7. Are you able / willing to care for clients who smoke? Yes No
8. Are you able to cook? Yes No
9. Are you able / willing to cover shifts on short notice? Yes No
10. Are you able / willing to work in homes in which you may encounter animals? Yes No
11. Did you give notice before leaving your last job? Yes No
12. How many years of experience do you have caring for others? _____

How did you hear about this position?

- Employment Ad: Indicate which paper: Buyer's Digest St. Albans Messenger County Courier
 Seven Days Burlington Free Press
- FCHHA Website Career Builder Website VAHHA Website Other Website: _____
- Other (not listed above): _____
- Employee Referral -- Provide employee's name: _____

Other names you have used for education and/or employment purposes? _____

Have you previously applied for a position with us? No Yes Date: ____/____/____

Have you previously been employed by us? No Yes Date: ____/____/____

Are you at least 18 years old? No Yes

Are you authorized to work in the United States? No Yes *Proof of citizenship or immigration status will be required upon employment.*

Have you ever had a professional license restricted, denied, suspended or revoked?
 No Yes Date: ____/____/____ If yes, Type: _____

Have you ever been convicted of a misdemeanor or felony crime including motor vehicle violations? If yes, write the dates, details and penalties below for each occurrence. If you need more space, please attach a sheet of paper with the required information.

No Yes: date(s) and explanation(s):

PERSONAL REFERENCES: All the information requested below must be complete to be considered for employment. Please provide names, complete mailing addresses and phone numbers of two persons who can be contacted as references. **DO NOT LIST** family members.

Name: _____	Relationship: _____
Mailing Address: _____	Telephone No. (Day): _____
City, State, ZIP: _____	Telephone No. (Evening): _____
Name: _____	Relationship: _____
Mailing Address: _____	Telephone No. (Day): _____
City, State, ZIP: _____	Telephone No. (Evening): _____

An Equal Opportunity Employer

All qualified persons, regardless of race, color, religion, national origin, gender, gender orientation, genetics, sexual orientation, ancestry, place of birth, age, physical or mental condition or obligation for service in the Armed Forces are offered equal employment opportunities (EOE).

To assure the health and safety of our employees and clients, Franklin County Home Health Agency conducts thorough background and reference checks on all prospective employees who are offered employment.

Applicant's Certifications and Agreements

- I understand that the purpose of this application is solely to provide a standardized form on which to submit employment qualifications. I understand that this application will be considered valid for no longer than six months at which time re-application for employment consideration will be required.
- I certify I am able to perform the essential functions of the position as defined in the job description.
- I authorize all persons, schools, employers and organizations mentioned in this application to provide Franklin County Home Health Agency with any and all information requested. I voluntarily release such persons, schools, employers and organizations from all liability for providing such information.
- I understand that if I am offered employment, I must prove my identity and my eligibility to work in the United States, have satisfactory results from the background checks to include: Adult Abuse, Child Abuse, Criminal Records, Office of Inspector General and professional and personal references.
- In the event I am employed by Franklin County Home Health Agency, I agree to comply with all its rules, regulations and directives. I understand that my employment relationship with this Agency is of an "at will" nature. I understand that "at will" means an Employee may resign at any time and the Employer may terminate employment at any time, with or without cause.
- I understand that I will be required to travel throughout Franklin County and there is not a guarantee of a specified number of hours.
- All the information I have supplied in this application is a full and complete statement of the facts and it is understood that any falsification will constitute grounds for dismissal upon discovery thereof. I understand that all information requested on this application is required and must be included to be considered for employment.

Signature of Applicant

Date

Office Use Only:

Interviewed on: _____

Interviewed By: _____