



F R A N K L I N C O U N T Y

Home Health Agency, Inc.

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

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Last Name		First Name		Middle Initial
Mailing Address		City	State	Zip
Social Security No.		Telephone No. (Day)		Telephone No. (Evening)
e-mail address				

➤ Position Seeking: _____

➤ Full-time Part-time Per-diem Shift work Temporary

Please indicate scheduling preference(s): Day Evening Morning Afternoon Weekends Nights

➤ On what date would you be available to begin work? _____

➤ How did you hear about this position:

- Employment ad: Indicate which paper:
 - Buyer's Digest St. Albans Messenger County Courier Burlington Free Press
 - Other _____
- Employee referral -- Provide employee's name _____
- Website: _____
- Other _____

➤ Best time to contact you during the day at the number stated above: _____

➤ Have you ever applied for a position with us in the past? _____

- Yes, date: _____
- No

➤ Have you ever been employed with us in the past?

Yes, date: _____ Position held: _____ No

Reason for leaving: _____

➤ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No *Proof of citizenship or immigration status will be required upon employment.*

➤ Have you ever been denied professional licensure or had any health care field license suspended or revoked?

Yes, date: _____ No

Nurses/Professional License/Certification Reg. No. _____ State _____

➤ Have you ever been Bonded? Yes No

Were you ever refused a Bond? Yes, date: _____ No

➤ Have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law, including motor vehicle violations? Is YES, gives dates, details and penalties for each occurrence on an attached sheet of paper.

Yes No If yes, please give date(s) and explanation(s): _____

➤ List any friends or relatives working for Franklin County Home Health Agency: _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Please check:
High School	_____	_____	_____	<input type="checkbox"/> Degree <input type="checkbox"/> GED
Undergraduate College	_____	_____	_____	<input type="checkbox"/> Degree
Graduate / Professional	_____	_____	_____	<input type="checkbox"/> Degree
Other (Specify)	_____	_____	_____	<input type="checkbox"/> Degree <input type="checkbox"/> Certificate

Describe any specialized training, apprenticeship, skills and extra-curricular activities including any job-related training received in the United States military.

List 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.

Specialized Skills (Skills/Equipment Operated)

State any additional information you feel may be helpful to us in considering your application..

Additional Information

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

EMPLOYMENT/WORK HISTORY ↑ Please list your current and then your two (2) previous employers, assignments or volunteer activities, starting with the most recent, including military experience.

Current Employer (Leave blank if not presently employed.)		Work Performed
Mailing Address (Street, City, State, Zip) _____	Start Date _____	_____
Telephone Number _____	Hourly Rate/Salary	
Facsimile Number _____		
Starting/Present Job Title _____	Starting Present _____ _____	
Supervisor _____		
Reason for Leaving _____ <input type="checkbox"/> I am not leaving.		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Dates Employed	Work Performed
Mailing Address (Street, City, State, Zip) _____	From To _____ _____	_____
Telephone Number _____	Hourly Rate/Salary	
Facsimile Number _____		
Starting/Present Job Title _____	Starting Ending _____ _____	
Supervisor _____		
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Dates Employed	Work Performed
Mailing Address (Street, City, State, Zip) _____	From To _____ _____	_____
Telephone Number _____	Hourly Rate/Salary	
Facsimile Number _____		
Starting/Present Job Title _____	Starting Ending _____ _____	
Supervisor _____		
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment:

PERSONAL REFERENCES Give names of three persons who can be contacted for references;
DO NOT LIST family members:

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

An equal Opportunity Employer

- In compliance with Federal and State equal employment opportunity laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, gender, age, marital status, veteran status or the presence of non-job related medical conditions or disabilities.

Applicant's Certifications and Agreements

- The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. This application will be considered valid for no longer than one year. Re-application is necessary after one year.
- 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 by the Agency. I voluntarily release such persons, schools, employers and organizations from all liability for providing such information.
- 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 I have a six month introductory period and acknowledge that any employment relationship with this Agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.
- I also understand that if I am offered employment, I must prove my identity and my eligibility to work in the United States, have a satisfactory response from the Department of Disabilities, Aging & Independent Living, Department for Children & Families, Criminal Record check, references and certify that I am able to perform the essential functions of the position as defined in the job description.
- All of the foregoing 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.

Signature of Applicant

Date

Interviewed on: ____/____/____	Interviewed by: _____ _____
--------------------------------	--------------------------------