

Application for Employment

Green Mountain Nursing Home
475 Ethan Allen Avenue
Colchester VT 05448
Phone: 802-655-1025
Fax: 802-655-1068



NAME/Last, First, Middle _____

POSITION _____

DATE _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address _____ Phone Number _____
Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? _____

Will You Accept Employment of: Full time Part time Temporary

Date Available _____ If Under 18 Yrs. of Age, Do You Have a Work Permit? Yes No

EDUCATION/TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Lab or X-Ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Other Classes/Training				

Extracurricular Activities While in School _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verif.

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: _____

List Service Awards, Commendations: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed	Month	Year	To	Month	Year
	From					
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary			
		\$	\$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed	Month	Year	To	Month	Year
	From					
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary			
		\$	\$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed	Month	Year	To	Month	Year
	From					
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary			
		\$	\$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed	Month	Year	To	Month	Year
	From					
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary			
		\$	\$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed	Month	Year	To	Month	Year
	From					
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary			
		\$	\$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Have you ever been convicted of a crime? Yes No If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name And Relationship	Title	Company Name & Address	Telephone

AVAILABILITY INFORMATION

Please Indicate Days and Hours You Are Available For Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends Yes No Holidays Yes No

Rotating Shifts Yes No On Call Yes No

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

Applicant's Signature _____ Date _____

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.

This institution 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 voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

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 employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

00810

Green Mountain Nursing Home
475 Ethan Allen Avenue
Colchester Vermont 05446

Phone: 802-655-1025
Fax: 802-655-1962

REQUEST FOR CRIMINAL RECORD CHECK

1. Applicant: _____
Last First Middle

2. Maiden or Alias Names: _____

3. Social Security Number: _____ / _____ / _____

4. Place of Birth: _____ / _____ / _____

5. Date of Birth: _____ / _____ / _____
Month Day Year

6. Telephone Number: _____ / _____ / _____
Area Code Number

RELEASE

I, _____, hereby acknowledge and agree to check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of the check will be made available to Green Mountain Nursing Home of Colchester Vermont, for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____

Identity Verified by: _____ Date: _____

Agency of Human Services
Department of Disabilities, Aging & Independent Living
Division of Licensing & Protection
Adult Protective Services, 103 So. Main Street, Ladd Hall, Waterbury, VT 05671-2306

CONSENT FOR RELEASE OF INFORMATION

HUMAN RESOURCES
GREEN MOUNTAIN NURSING HOME
475 ETHAN ALLEN AVENUE
COLCHESTER, VT 05446

~ THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED ~

Section I. REQUEST FROM OWNER/OPERATOR

I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the Adult Abuse Registry pursuant to 33 V.S.A 6911 (C) (3) involving the individual listed below in Section II. I certify that this individual is a current employee, contractor or volunteer position of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of offering employment, contract or volunteer position and agree it shall be otherwise kept confidential.

(Authorized) Facility/Agency Signature

Date

Section II. CONSENT FROM CURRENT OR PROSPECTIVE EMPLOYEE, CONTRACTOR OR VOLUNTEER

Name: _____
(Type or Print)

Phone #: _____ Birth Date: _____ Place of Birth: _____

Other names I have used, if any: _____
(Type or Print)

I hereby authorize the Commissioner of Disabilities, Aging and Independent Living to release to the Owner/Operator of the above named facility/agency any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Adult Abuse Registry pursuant to 33 V.S.A. 6911 (C) (3).

(Prospective) Staff, Contractor or Volunteer Signature

Date

(For APS Office Use Only)

Section III. RESPONSE FROM THE DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING

The current information in the Adult Abuse Registry shows that there is not is

a substantiated finding of abuse, neglect or exploitation against the individual named above giving release of any such information. The nature of any finding is: _____

_____ and the date of such finding is: _____

Signature of Commissioner's Designee Date: _____

REQUEST FOR INFORMATION FROM THE VERMONT CHILD ABUSE & NEGLECT REGISTRY

Instructions:

All sections must be completed and signed by both parties. Please print clearly.

Section I: Employer Requesting a Child Abuse/Neglect Registry Check.

Employer's Name Green Mountain Nursing Home

Employer's Mailing Address 475 Ethan Allen Avenue, Colchester, Vermont 05446

Employer's Area Code & Phone Number 802-655-1025

Employer's Fax Number 802-655-1962 Email Address gmnh05446@msn.com

Section II: Employee, Volunteer, Grantee, or Contractor.

Full Name & Middle Initial _____

Gender _____ Social Security Number _____ - _____ - _____

Date of Birth _____ Place of Birth _____

Other Names used, including Maiden Names _____

Current Mailing Address _____

Job Duties _____

Section III: Authorization of Employee, Volunteer, Grantee, or Contractor.

I hereby authorize the Department for Children and Families to disclose whether I have a Child Abuse and Neglect Registry record to the above-named employer and, if so, the details of that record.

Signature _____

Date _____

Section IV: Certification by Employer.

I hereby request information from the Vermont Child Abuse and Neglect Registry, which is maintained by the Department for Children and Families. I certify that I employ or contract with one or more individual who provides care, custody, treatment, transportation, or supervision of children or vulnerable adults—on either a paid or volunteer basis. I either currently employ the individual listed above or have made a conditional offer to the individual. I will only use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

Jennifer Combs-Wilber

Print Name

Human Resources

Title

Signature

Date

Section V: For Office Use Only:

This form was submitted incomplete and returned to the employer on _____
Please see attached sheet for explanation.

Results of registry check as of _____:

Employee's name not found in the registry Initials: _____

Employee's name found in the registry

Substantiation Date(s) _____

Nature of Substantiation(s) _____

Initials: _____

Approved: _____



DEPARTMENT FOR CHILDREN AND FAMILIES

Child Abuse Registry Unit

103 S. Main Street, Waterbury, Vermont 05671-2401

(802) 241-2131

Note: if you are a regulated child care provider in Vermont, this process does not apply to you. Please contact the Child Development Division at (802) 241-3110 for more information.