



LAMOILLE HOME HEALTH & HOSPICE
 54 Farr Avenue • Morrisville, Vermont 05661-9181
 (802) 888-4651 • FAX (802) 888-7822

Application for Employment

Thank you for your interest in employment with our agency. We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status or disability, or any other legally protected status. The application will remain active for one year. Note: To qualify for employment, you must satisfactorily complete employment interview(s) and test(s) as required. If employment is offered, it will be contingent upon successful completion of a lifting test, documented proof of the right to work in the United States, any necessary background checks and investigations, verification of previous employment, any sufficient employment references, as well as qualifications for the position, if applicable, such as professional licenses, registration, and/or certification(s).

PERSONAL INFORMATION

Date of Application: _____

Position(s) applying for: _____

Referral: Advertisement Friend _____ (Name) Relative LHHH Employee _____ (Name)

Walk In Web Site _____ (Name) Dept of Employment & Training

NAME: _____

ADDRESS: _____
 LAST FIRST MI
 NUMBER STREET CITY STATE ZIP

TELEPHONE: _____

Have you filed an application with LHHH before? Yes No If yes, what date(s): _____

Have you ever been employed with LHHH before? Yes No If yes, what date(s) & position: _____

Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying? Yes No

Note: Proof of citizenship or immigration status with employment authorization will be required upon employment.

Are you under 16 years of age? Yes No

Circle all that apply to your availability: Full time Part time On Call Days Evenings Nights Weekends Holidays Rotation

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the past 5 years? Yes No

*Explain here: (Note: A conviction will not necessarily prevent your employment at LHHH or its affiliates.)

DRIVERS RECORD INFORMATION (As part of our hiring and recruiting process, we ask that all applicants complete this section, the purpose of which is to assist LHHH in complying with various internal and external policies and regulations and to protect the safety and well-being of our clients and staff).

Do you currently possess a valid driver's license? Yes No STATE _____

Do you have the minimum vehicle insurance required by the State of Vermont? Yes No

If you are hired, are you able to provide LHHH with a certification of insurance? Yes No

Have you had any violations in the past 8 years (including, but not limited to: DUI/DWI, Careless & Negligent, Accidents, Speeding Tickets, License Suspension/Revocation)? Yes No

If yes, please explain: _____

Have you ever been involuntarily discharged from any job? Yes No

If yes, please explain: _____

Name any relatives employed by LHHH: _____

SEND TO: Lamoille Home Health & Hospice, 54 Farr Avenue, Morrisville, VT 05661 (802) 888-4651 Fax (802) 888-6423

OVER →

EDUCATION

High School (Name) _____

College (Name) _____

Graduate School (Name) _____

Vocational or Technical School (Name) _____

Other _____

EMPLOYMENT EXPERIENCE**Must be filled in, with or without resume attached.** Give a complete record of all employment and reasons for unemployment during the past 10 years. Start with the most recent employment.

Month/Year From To	Employer Name, Address & Telephone Number	Name of Supervisor	Last Salary & Position Held	Reason for Leaving

May we contact your present employer or past employer(s) for a reference? Yes No If no, please explain _____**Note: this reference may be required before an offer of employment is made.****PROFESSIONAL LICENSES, REGISTRATIONS and/or CERTIFICATIONS**

Type	Issuing Agency/State	Effective Dates	Number

Are there, or has there been, any restrictions ever imposed upon any of your licenses, registrations or certifications in Vermont or any other state? Yes No

If yes, please explain: _____

Other skills or qualifications (i.e. computer software experience): _____

REFERENCESPlease give us the names of **three work-related supervisors** who we may contact to verify your qualifications for the position.

Name	Occupation	Name & Address of Organization	Phone Number

CERTIFICATION: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if employment is terminated because of the falsity of statements, answers or omissions made by me in this application. I authorize any employers, schools, companies or persons named in this application to give information regarding me and release them from all liability for any damage, both legal and otherwise, from issuing this information. I also agree to abide by the policies and rules of my employer that exist currently or that may be changed or developed in the future, and further realize it is my responsibility to understand such policies.

I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either my employer or myself. Further, I understand that this completed application is the property of Lamoille Home Health & Hospice.

Signed: _____ Date: _____