

Please Print and Fill Out the Following Application

Send It To:

**Human Resources
Southwestern Vermont Health Care
100 Hospital Drive Bennington, VT 05201**

**Or you may fax your application to:
(802) 447-5538**

**Questions?
Call (802) 447-5044**



Southwestern Vermont Health Care

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with our organization. We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, sexual orientation, veteran status, or disability, or any other legally protected status. 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 physical, documented proof of the right to work in the United States, any necessary background checks and investigations including fingerprinting, verification of previous employment, if any, sufficient employment references, as well as qualifications for the position, if applicable, such as professional licenses, registrations and/or other certifications.

GENERAL INFORMATION:

DATE: _____

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell/Other: _____ Email Address: _____

POSITION APPLYING FOR: _____

SVHC SUBSIDIARY APPLYING FOR: Southwestern Vermont Medical Center Centers for Living and Rehabilitation
 Facilities Division Medical Practice Division Visiting Nursing Association & Hospice of SVHC

REFERRAL: Advertisement Friend Relative SVHC Employee (name _____)
 Walk in Job Hotline Website (name _____) Dept. Employment & Training
 Employment Agency (name _____)

Have you filed an application with SVHC or affiliate before? yes no If yes, approx. date _____

Have you ever been employed with SVHC or affiliate before? yes no If yes, what date(s), position and department? _____

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.*

Check if you are under 16 years of age Under 18 years of age Under 21 years of age

Check those that indicate your availability to work:

- Full Time
- Days
- Weekends
- Rotating Shifts
- Part Time
- Evenings
- Holidays
- On Call
- Temporary
- Nights

In case of Emergency, person to notify and contact number: _____

BACKGROUND INFORMATION:

- no yes Have you ever been convicted or had findings substantiated against you for acts related to emotional, physical or sexual abuse, mistreatment or neglect?
- no yes Have you ever been convicted of, pleaded guilty to, or entered a plea of nolo contendere or similar pleas to any criminal offense (felony or misdemeanor), including a military court? (Conviction of a criminal offense will not necessarily disqualify you from employment.)
- no yes Are you excluded from participating in any federal or state health care program?
- no yes Have you ever been formally discharged or asked to resign by any former employer?
- no yes Do you smoke?

For any yes answer, please state the **complete** details here, including where appropriate the name and location of the Court, the date and nature of the offense, the disposition, if any, of your case, the employer's name, reason for discharge, date of discharge, and any other relevant information you wish to have considered: _____

PLACES OF RESIDENCE – Please list your places of residence for last ten years:

Street	City	State	Zip	County	How Long There?

DRIVER RECORD INFORMATION – Required for VNA & Hospice, Facilities, Engineering and Lab Courier:

Please note that for some positions, notably VNA & Hospice, Facilities, and Engineering, policies require a valid driver's license and minimum liability insurance coverage on personal vehicles. Driver's license checks are done at the time of hire and on a regular basis to comply with policy.

Do you possess a valid driver's license? yes no State: _____ License No. _____

Have you had any violation in the past 10 years (including DUI, DWI, careless and negligent accidents, speeding tickets, license suspension)? If yes, please explain: _____

EDUCATION BACKGROUND:

Education	Name/City/State	Major Course of Study	Diploma/Degree/# Yrs. Completed
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			

PROFESSIONAL LICENSES, REGISTRATIONS OR CERTIFICATIONS:

Type	Issuing Agency/State	Effective Dates	Number

EMPLOYMENT EXPERIENCE INFORMATION – COMPLETION OF ALL INFORMATION REQUIRED:This information must be on this form – do not write “Please See Resume.”

EMPLOYER 1

Employer Name	
Employer Address	
Telephone	
Supervisor	
Position Title	
Dates Employed (From and To)	
Hourly Rate or Annual Salary	
Name While Employed (if Different)	
Reason for Leaving	
May We Contact for Reference?	

EMPLOYER 2

Employer Name	
Employer Address	
Telephone	
Supervisor	
Position Title	
Dates Employed (From and To)	
Hourly Rate or Annual Salary	
Name While Employed (if Different)	
Reason for Leaving	
May We Contact for Reference?	

EMPLOYER 3

Employer Name	
Employer Address	
Telephone	
Supervisor	
Position Title	
Dates Employed (From and To)	
Hourly Rate or Annual Salary	
Name While Employed (if Different)	
Reason for Leaving	
May We Contact for Reference?	

EMPLOYER 4

Employer Name	
Employer Address	
Telephone	
Supervisor	
Position Title	
Dates Employed (From and To)	
Hourly Rate or Annual Salary	
Name While Employed (if Different)	
Reason for Leaving	
May We Contact for Reference?	

Please list any other skills not previously listed that may qualify you for the position you are seeking: _____

OTHER REFERENCES:

Professional/work related references are preferred. PLEASE DO NOT LIST RELATIVES.

Name	Address	Telephone	Relationship	Time Known

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE:

I understand that Southwestern Vermont Health Care including any subsidiary or affiliate thereof will investigate my work history and verify all data, including educational degrees and diplomas, given on my application, resume, related documents and in interviews. I have the right to request that SVHC or its agents disclose to me the nature and scope of the investigation requested. Such request must be made in writing to SVHC Human Resources Department within a reasonable period of time after completion of this Release and Authorization form.

I authorize such inquiries connected with my application for employment, internship, contract for services, or volunteer work and I understand these may include information as to my education, character, work habits, performance, experience and qualifications, reasons for terminations from previous employers and other information deemed necessary in arriving at an employment/contract/volunteer decision. I may also be asked to complete certain job-related tests of my relevant skills and aptitudes. I authorize SVHC to make access and inquiry to such Federal and State authorities and registries, as it shall determine necessary to complete its due diligence on my background, education and experience for this employment/contract/volunteer position. I understand that I will be fingerprinted for a national background check and that results of such background checks can affect continuation of employment if hired.

I agree that this information is provided at my request and for my benefit. I hold any persons or organizations harmless, and do hereby release them from any and all liability for damage of any nature for furnishing any of the above-mentioned information.

I understand that it is the policy of SVHC to prohibit employment of individuals with substantiated findings against them based on their criminal history. Therefore, I certify that:

- I have not had substantiated findings against me or convictions of abuse, mistreatment or neglect.
- I have not been convicted or engaged in any offense(s) involving violence or inappropriate behavior with others.
- I am not excluded from participating in any federal or state health care program.

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 understand a conditional offer of employment may be based on results of a later medical examination and background checks. In addition, if accepted for employment, I hereby 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 also 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 Southwestern Vermont Health Care and may be used interchangeably within the various subsidiaries of the SVHC organization, including but not limited to VNA & Hospice of SVHC, Centers for Living and Rehabilitation, Facilities Division, Medical Practice Division, and Southwestern Vermont Medical Center.

SIGNED: _____

DATE: _____

PARENT OR GUARDIAN (IF UNDER AGE OF 18): _____