



APPLICATION FOR EMPLOYMENT

All qualified applicants are considered regardless of race, religion, sex, age, national origin, or handicap.

Full Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone (days) _____ Phone (evenings) _____
Email _____

Position applied for: _____ Available to Start: _____

Were you referred to us by anyone who currently works here? Y N
If yes, please state who referred

Employment Preference

Full Time _____ Part-time _____ Temp/Seasonal _____ Days _____ Evenings _____
Nights _____ Swing _____

Are you available to work some weekends? Y N Holidays? Y N

Please describe any commitments or outside responsibilities which would require your absence from work:

Have you ever worked for this company before? If yes, when?

Name of relatives in our employment: _____

Please check if you are under age 18 _____ (if under 18, a work permit is required)

Is there any type of work which your physical condition prohibits, or have you ever been advised by a doctor not to perform certain types of work?

If yes, explain: _____

Are you authorized to work in the United States? Y N

For jobs that involve driving:

Do you have a valid driver's license? Y N

License # and State of Issue: _____

YOU MUST COMPLETE ALL PAGES TO BE ELIGIBLE FOR AN INTERVIEW

EDUCATION:

Name of High School Attended: _____

City, State, Zip _____

Year Graduated _____ GED Y N

Name of College or Technical School: _____

City, State, Zip _____

Year Graduated _____ Degree _____

Name of Graduate School: _____

City, State, Zip _____

Year Graduated _____ Degree _____

Are you presently enrolled in school? Y N

If yes, give name and address of school and expected degree date? -----

List job-related skills or accomplishments _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

WORK HISTORY

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Telephone:	May we Contact? Y N
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Telephone:	May we Contact? Y N
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip	
Supervisor:	Reason for Leaving:
Telephone:	May we Contact? Y N

ATTACH A COPY OF YOUR MOST RECENT RESUME

Y N (circle one) Please explain any "yes" answer. _____

Are you currently awaiting trial for any criminal offense?

Y N (circle one) Please explain any "yes" answer.

Have you ever been convicted of any of the following offenses? MUST CIRCLE CHOICE

- | | | |
|--|---|---|
| (a) Crimes relating to the delivery of service under Medicare Medicaid? | Y | N |
| (b) Crimes relating to abuse or neglect of patients in connection with the delivery of healthcare? | Y | N |
| (c) Crimes involving fraud, theft, embezzlement, breach of fiduciary responsibility or other financial care or involving any act of omission in a program financed in whole or in part by any federal, state, or local government? | Y | N |
| (d) Obstruction of justice? | Y | N |
| (e) Crimes relating to the manufacture, distribution, prescription, or dispensing of any controlled substances? | Y | N |
| (f) Are you now or have you ever been issued a relief from abuse order or any other type of temporary or permanent restraining order? | Y | N |
| (g) Are you now or have you been involved in any crime related to abuse or neglect of vulnerable people (children, the elderly or anyone with a disability)? | Y | N |

If you answered "yes" to any of the above questions, please explain:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

This company 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 certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Living Well Communities, any employment relationship with Living Well Communities is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I authorize the Residence to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Residence. I hereby release and hold the Residence harmless from any claim for releasing any truthful information within its knowledge and/or records.

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

I understand that if I am offered a position with Living Well Communities, that such offer will be contingent upon my having a post-offer physical exam (POPE) and drug test, completed by the office appointed to conduct such exams and tests for Living Well Communities. I will be required to have a negative drug test and will need to be physically able to do the job I am being hired for. LWC covers the cost of the POPE and drug test (approximately \$250). If however, I quit or resign from LWC within the first six months of employment, I understand and acknowledge that I will be responsible for reimbursing LWC for the cost of the POPE and I authorize LWC to deduct the cost of the POPE from my final paycheck.

Finally, I also understand that Living Well Communities will conduct a criminal background check on me. I have given permission for such a check to be done, and I also give permission to LWC to review any information about me on the Vermont Adult Abuse Registry and the Vermont Child Protective Services Registry.

I have read, understand and agree to the above statements.

Signature

Date

