

CarePartners

ADULT DAY CENTER

Application for Employment

PERSONAL

Name (last)	(First)	(Middle)
Address/Town/Zip		
Day Phone No.	Evening Phone No.	Cell Phone No.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Please answer if you are a licensed health care professional:	
Have you ever been denied licensure or had any health care field license suspended or revoked?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate date: _____
License/Certification Number _____	State _____

EDUCATIONAL BACKGROUND

High School Name	Address
Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have a diploma _____ or GED _____
College Name	Address
Course or Major	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma/Degree

EMPLOYMENT HISTORY – List three (3) employers, assignments or volunteer activities starting with the most recent, including military experience.

Employer	Phone	
Address		
Position	Dates Employed (To/From)	Rate of Pay
Immediate Manager/Supervisor and Title		
Description of Duties		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES – Give names of three (3) persons, NOT relatives, who can be contacted for references:

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

➔ Please note that an offer of employment is contingent upon a satisfactory background check. ➔

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 if any falsification will constitute grounds for dismissal upon discovery thereof.

Signature of Applicant

Date

Please return application to:

**CarePartners Adult Day Center
640 Franklin Park West, St. Albans, Vermont, 05478**