

Application for Employment

Phone Number ()	Date: / /
Name	
Street Address	
Mailing Address	
Town, State, Zip	

Have you applied for employment with us before? YES NO

If yes, when? _____

Position Desired _____ Pay Expected _____

Are you interested in full-time work? YES NO
Part-time? YES NO

You were informed of job openings through _____

Are you legally eligible for employment in the United States? YES NO

Are you able to provide documentation of legal eligibility? YES NO

Do you have: a valid driver's license YES NO

Minimum vehicle insurance required by the State of Vermont? YES NO

Have you had any traffic violations in the last three years? YES NO

If yes, explain _____

Have you ever been convicted of a Felony? YES NO

If yes, explain _____

Federal law prohibits this Agency from hiring anyone who has been convicted of a criminal offense related to health care or has been excluded from or ineligible for participation In Federal health care programs. Have you every been convicted of a criminal offense related to health care or debarred, excluded or otherwise ineligible for participation in any Federal health care program such as Medicare or Medicaid? YES NO

If yes, explain _____

Vermont State Licensing Regulations prohibit this Agency from having on staff a person who has had a charge of abuse or neglect substantiated against him or her, as defined in 18VSA, Chapter 22, and/or 33VSA, Chapter 14, or who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare in any jurisdiction whether within, or outside of the State of Vermont. Have you ever had a charge of abuse or neglect substantiated against you or have you been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within, or outside of, the State of Vermont:

YES

NO

If yes, explain: _____

Education

Name and location of school	Course of Study	# of Years	Diploma or Degree

List any Certifications / Training / Experience that may be relevant to the position being applied for.

List Membership in professional or civic organizations, (exclude those which may disclose your race, color, religion or national origin) as well as personal areas of interest.

What are your future job aspirations?

Employment: Start with present or most recent employer. Please account for all employment. Use additional pages if needed.

Company Name & Address	
Telephone Number	
Name of Supervisor	
Job Title	
Employment Date (Month/Year)	From: _____ To: _____
Description of Duties	
Reason for Leaving	

Company Name & Address	
Telephone Number	
Name of Supervisor	
Job Title	
Employment Date (Month/Year)	From: _____ To: _____
Description of Duties	
Reason for Leaving	

Company Name & Address	
Telephone Number	
Name of Supervisor	
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Company Name & Address	
Telephone Number	
Name of Supervisor	
Job Title	
Employment Date (Month/Year)	From: _____ To: _____
Description of Duties	
Reason for Leaving	

Lincoln Street, Inc. will contact the employers listed above unless you indicate otherwise.

References: Please list at least two former supervisors/professional and one personal reference.

Name	Address and Phone Number	Relationship

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment with Lincoln Street, Inc.

I authorize any review of my experience / education and verification of all data given in this application, related papers or oral interview. I release from liability any person giving or receiving such information.

I understand Lincoln Street, Inc. is required to submit my name to the State Adult Abuse Registry, Social & Rehabilitation Services Registry, conduct a Criminal Record Check, and Department of Motor Vehicle Check as well as check the Office of Inspector General's exclusion list and the General Services Administration's list of debarred individuals. I hereby authorize Lincoln Street, Inc. to do so.

Any employment offered by Lincoln Street, Inc. is contingent upon reports received by the Agencies stated above

If I am employed, such employment is for an indefinite period of time and Lincoln Street, Inc., may change wages, benefits, work location, work schedule and conditions of my employment.

I have read and understand the above.

Signature of Applicant

Date

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, or national origin.

All employment with the Agency is on an "at will" basis and is not for any definite period or succession of periods. Nothing in this application is intended to alter the "at will" status.