Vernon Homes

A community of caring. Seasoned with grace.

A continuum of care for senior living

Employment Application

Title of Job Applied For:

This document will be kept active for a period of 90 days from the date of application.

Vernon Homes is an equal opportunity employer and is firmly committed to prohibiting discrimination throughout the employment process against individuals because of race, color, sex, sexual orientation, gender identity, age, religion, national origin, ancestry, place of birth, military status, positive HIV-related blood test, genetic information, or against qualified individuals with disabilities, or because of any other legally protected status.

Personal Information

Name (Last, First, M.I.)	Date:
Mailing Address:	Cell Phone:
City, State, Zip Code:	Home Telephone:
Permanent Address (if different from mailing) / E-mail address	Work (or message) Telephone

Position Interest/Availability

Are you 18 years of age or older? _____ If not, birth date _____

Have you previously been employed by Vernon Homes? ☐ Yes ☐ No

When? _____ Supervisor _____

Reason for leaving _____

Do you have any relative or any other person(s) residing with you, who is employed by Vernon Homes? ☐ Yes ☐ No

Name: _____ Relationship: _____

Check the type of employment you are interested in. ☐ Full-time ☐ Part-time ☐ Temporary ☐ All

Check the shifts you are willing to work. ☐ Day shift ☐ Evening shift ☐ Night shift ☐ Any shift

Do you have reliable transportation? ☐ Yes ☐ No How many miles away do you live? _____

Anticipated rate of pay $ _____ per hour.

Date you are available? _____

How did you hear about employment at Vernon Homes? _____

Why have you considered employment at Vernon Homes? _____

_____

What are the two most important factors to you in choosing a job?

1. _____

2. _____

Did a current employee refer you to us? ☐ Yes ☐ No

Employee's Name: _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Can you provide appropriate documentation? ☐ Yes ☐ No

Education

Name and Location of Current School Attended	Dates Attended	Fields of Study (Major, Minor)	Highest Grade Completed	Degree Earned and Year
High School	From: To:			
College	From: To:			

Do you have a high school diploma or GED certificate)? ☐ Yes ☐ No

Employment History

A resume will not substitute for the following information. List employment starting with your current or most recent position; include service in the U.S. military, if applicable. Account for any time during this period that you were unemployed by stating the nature of your activities.

Job Title:	Employer:		Type of Business:
Address:			Phone Number
Employment From: From: To:	Starting Pay	Ending Pay	Supervisor's Name
Duties (Describe in detail the duties you performed):			
Reason For Leaving:			May we contact this employer? ☐ Yes ☐ No

Job Title:	Employer:		Type of Business:
Address:			Phone Number
Employment From: From: To:	Starting Pay	Ending Pay	Supervisor's Name
Duties (Describe in detail the duties you performed):			
Reason For Leaving:			May we contact this employer? ☐ Yes ☐ No

Job Title:	Employer:		Type of Business:
Address:			Phone Number
Employment From: From: To:	Starting Pay	Ending Pay	Supervisor's Name
Duties (Describe in detail the duties you performed):			
Reason For Leaving:			May we contact this employer? ☐ Yes ☐ No

Job Title:	Employer:		Type of Business:
Address:			Phone Number
Employment From: From: To:	Starting Pay	Ending Pay	Supervisor's Name
Duties (Describe in detail the duties you performed):			
Reason For Leaving:			May we contact this employer? ☐ Yes ☐ No

Personal References

Please list three individuals ***NOT RELATED TO YOU*** who may know of your work qualifications.

Name and Title or Relationship	Address Phone

Professional License

Description (e.g. Registered Nurse)	License Number	State	Expiration

Professional License History

1. Is the above referenced license(s) active? ☐ Yes ☐ No
2. Has your license(s) ever been subject to the filing of disciplinary charges, stipulations or disciplinary action by the Vermont Office of Professional Regulation, the Board of Nursing or other similar state or local agency? Disciplinary action includes, but is not limited to, suspension of the license, revocation of the license, reprimands, warnings, or limits or conditions that are placed on the license. ☐ Yes ☐ No
3. If you answered yes to question number 2, for each disciplinary charge, stipulation or action please provide:
   - A. Date of discipline;
   - B. Substance of the discipline, i.e., revocation, suspension, warning, reprimand, or conditions;
   - C Agency or Board that issued the discipline;
   - D. Nature of the underlying complaint; and
   - E. Final disposition including whether your discipline was the result of a settlement agreement or stipulation.

   Response to question 3: _____
4. If your license is currently subject to conditions, please describe the conditions with specificity:
5. Is your license(s) currently under investigation by the Vermont Office of Professional Regulation, the Board of Nursing or other similar state or local agency? ___ Yes ___ No
6. If you answered yes to question number 5, please provide:
   - A. Date investigation commenced;
   - B. Status of the investigation;
   - C. Agency or Board that is conducting the investigation; and
   - D. Nature of the underlying complaint.

   Response to question 6: _____

In submitting this application,

- I authorize Vernon Homes to thoroughly investigate my employment history and activities. I agree to cooperate in such investigation, including the release of information from my personnel files of former or current employers. I release from all liability or responsibility all persons, companies or corporations supplying such information.
- I understand that an offer of employment is contingent upon a satisfactory background check, which includes checks of the state child abuse registry, state adult abuse registry, 50 state criminal registry, the Office of Inspector General, and Vermont Criminal Registry, if applicable, the Department of Motor Vehicles. I further understand that background checks will be conducted on a regular basis through out any period of employment with Vernon Homes.
- I understand that an offer of employment is contingent upon my satisfactorily passing a physical examination before date of hire.
- I understand and agree that employment with Vernon Homes is at-will, which means either party is free to terminate the employment relationship at any time for any reason or for no reason.
- I certify that statements made on this application and attachments (if any) and/or during the interview process are true and complete and that nothing has been withheld that would affect this application. I further understand that any false statement will result in rejection of this application, and if employed, dismissal.

Signature of Applicant Date

VERNON HOMES
A COMMUNITY OF CARING. SEASONED WITH GRACE.

A CONTINUUM OF CARE FOR SENIOR LIVING

802-254-6041
vernonhomes.org
61 Greenway Drive
Vernon, VT 05354

Our values

We will foster communities whose relationships and services are:

- ***Exceptional*** (Exceeding customary practices)
- ***Creative*** (Transforming commonplace thinking)
- ***Generous*** (Surpassing measured exchanges)