



Central Vermont Home Health & Hospice  
A Not-For-Profit Visiting Nurse Association

## EMPLOYMENT APPLICATION

Name (Last, First, Initial): _____	Home Phone Number: _____
Date: _____	Address: _____
Social Security Number: _____	Email: _____

Position Desired: _____	<b>Availability</b>
Date Available: _____	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> On Call: <input type="checkbox"/> Temporary <input type="checkbox"/>
Compensation Desired: _____	Days: <input type="checkbox"/> Evenings: <input type="checkbox"/> Nights: <input type="checkbox"/> Over-Nights: <input type="checkbox"/>
	Weekends: <input type="checkbox"/> Holidays: <input type="checkbox"/> Rotation: <input type="checkbox"/>
	Previously Employed at CVHHH?: <input type="checkbox"/> no <input type="checkbox"/> yes
	Dates: _____
	Position: _____

### Referred By:

Self:  Friend:  Newspaper:  CVHHH Employee:  Other:

If referred by an employee please indicate name: \_\_\_\_\_

Are you employed now?

If so, may we contact your current employer?  yes  no

Are you at least 18 years of age?  yes  no

Do you have a legal right to work in the U.S.?  yes  no

Have you ever been convicted of a crime?  yes  no

Date of Conviction(s): \_\_\_\_\_

Offense(s): \_\_\_\_\_

(Conviction may not necessarily disqualify applicant from employment.)

Have you ever been the subject of any complaint of abuse, neglect, exploitation or malpractice?  yes  no

Date(s): \_\_\_\_\_

Nature of Complaint(s): \_\_\_\_\_

Status of Complaint(s): \_\_\_\_\_

Outcome: \_\_\_\_\_

## EDUCATION

The education policy of this agency is that if a job is offered to you it will be contingent upon your providing a copy of your highest level of education.

### High School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### College

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

### Apprenticeship, Business, or Vocational School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

U.S. Military Service Dates (from/to): \_\_\_\_\_

**PROFESSIONAL LICENSES and/or CERTIFICATIONS** *(Select those that apply)*

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Are you currently:  Registered  Licensed  Certified

Eligible:  Registered  Licensed  Certified

Type: \_\_\_\_\_  
State of Issuance: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Number: \_\_\_\_\_  
Type: \_\_\_\_\_  
State of Issuance: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Number: \_\_\_\_\_

Have you ever had a license suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL TRAINING/SKILLS**

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(Special course, foreign language, \_\_\_\_\_  
group membership, volunteer work, etc.): \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the job for which  
you are applying with reasonable accommodation?  Yes  No

If travel is necessary to the position, are you able to do so  
on a regular basis?  Yes  No

Do you have any commitments to another employer that  
might affect your employment with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES** *(Do not include relatives)*

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Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Years Known: _____	Years Known: _____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Years Known: _____	Years Known: _____

**EMPLOYMENT HISTORY** (Please list all employment beginning with the most current employment)

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**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary on Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary on Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary on Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary on Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_

Have you ever been employed under a different name?

Yes

No

If yes, please indicate name: \_\_\_\_\_

**DRIVER RECORD INFORMATION**

*(As part of our hiring and recruiting process we ask that all applicants complete this section, the purpose of which is to assist CVHHH in complying with various internal and external policies and regulations and to protect the safety and well-being of our clients and staff)*

Do you currently possess a valid drivers license?  Yes  No

State: \_\_\_\_\_

Number: \_\_\_\_\_

Do you have the minimum vehicle insurance required by the State of Vermont?  Yes  No

If you are hired, will you provide CVHHH with a certificate of insurance?  Yes  No

Have you had any violations in the past 8 years?  Yes  No  
(including but not limited to: DUI / DWI, Careless & Negligent, Accidents, Speeding Tickets, License Suspension/Revocation)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print out this form and fill in all relevant data.

Then sign and date it where required below and **fax to (802) 223-2861, attn: HR Dept.** or mail to:

**Human Resources  
Central Vermont Home Health & Hospice  
600 Granger Road  
Barre, Vermont 05641**

After faxing or mailing your application please e-mail our Human Resources Department at [hr@cvhhh.org](mailto:hr@cvhhh.org) to alert us to expect your application. Thank you for your interest in Central Vermont Home Health & Hospice.

I, \_\_\_\_\_, authorize Central Vermont Home Health & Hospice, Inc. to verify any information relating to my driving record as stated above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date