



*The Trusted Leader in Home Care  
for More than 60 Years*

# **Employment Application**

Rutland Area Visiting Nurse Association & Hospice  
P.O. Box 787  
7 Albert Cree Drive  
Rutland, VT 05702-0787  
Telephone: 802.775.0568  
Facsimile: 802.775.2034  
Website: [www.ravnah.org](http://www.ravnah.org)

# APPLICATION FOR EMPLOYMENT

Rutland Area Visiting Nurse Association & Hospice is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, color, national origin, age, ancestry, gender, sexual orientation, marital status, veteran status, physical or mental impairment, medical condition or other legally protected status. **Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities upon request.** Please print legibly.

## Personal Information

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip
Mailing Address (if different from above)	City	State Zip
Telephone No. (Day)	Alternative Telephone No.	Date Applied

Please list any aliases and/or names by which you have been known: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by this company?  No  Yes (If yes, please complete the following)

Position:	From:	To:
Position:	From:	To:

**Position Desired:** \_\_\_\_\_

**Please indicate scheduling preferences:**     Full-time     Part-time     Per Diem     Shift Work  
 Days     Evenings     Nights     Overnights     Weekends

**Salary desired:**    \$\_\_\_\_\_     Per hour     Per year

**Date available for work:**    \_\_\_\_\_

Do you have your own transportation?     Yes     No                      Is your vehicle insured?     Yes     No  
 Do you have a valid driver's license?     Yes     No

How did you hear about this position?  Employment Ad: Indicate which paper \_\_\_\_\_  
 Web Site     Internet     Other (please describe) \_\_\_\_\_  
 Employee Referral (Employee's name) \_\_\_\_\_

**Education** Include School Name and Address

Type of School	Name and Location of School			Degree/Area of Study	# Years Completed	Graduated (Check One)
High School	Name	Address				<input type="checkbox"/> Yes
	City	State	Zip			<input type="checkbox"/> No
College	Name	Address				<input type="checkbox"/> Yes
	City	State	Zip			<input type="checkbox"/> No
Graduate School	Name	Address				<input type="checkbox"/> Yes
	City	State	Zip			<input type="checkbox"/> No
Other	Name	Address				<input type="checkbox"/> Yes
	City	State	Zip			<input type="checkbox"/> No

**Work History**

**Experience:** List all part-time and full-time positions in chronological order with present or most recent position first. Use an additional sheet of paper if necessary.

Employer: <i>(Company Name)</i>	Date started:
Employer Address: <i>(Street, City, State, Zip)</i>	Date ended:
Employer's Telephone No:	Starting Salary: \$
Position and Duties:	Supervisor's Name
Reason for leaving:	Ending Salary: \$
	Full-time <input type="checkbox"/>
	Part-time <input type="checkbox"/>
Employer: <i>(Company Name)</i>	Date started:
Employer Address: <i>(Street, City, State, Zip)</i>	Date ended:
Employer's Telephone No:	Starting Salary: \$
Position and Duties:	Supervisor's Name
Reason for leaving:	Ending Salary: \$
	Full-time <input type="checkbox"/>
	Part-time <input type="checkbox"/>
Employer: <i>(Company Name)</i>	Date started:
Employer Address: <i>(Street, City, State, Zip)</i>	Date ended:
Employer's Telephone No:	Starting Salary: \$
Position and Duties:	Supervisor's Name
Reason for leaving:	Ending Salary: \$
	Full-time <input type="checkbox"/>
	Part-time <input type="checkbox"/>

**Special Qualifications/Skills** List any additional skills or abilities you feel are relevant to the job for which you are applying. Include significant education, life and volunteer experiences

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Have you ever been excluded from participation in any federal health care program?  
 No  Yes If **Yes**, date re-instated. \_\_\_\_\_ Please be prepared to present OIG letter of re-instatement.

Have you ever been convicted of a criminal offense that has not been expunged either in Vermont or any other state?  
 No  Yes If **Yes**, give date and place of conviction on separate sheet of paper. (You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

Are you prevented from becoming lawfully employed in this country because of visa or immigration status?  
 No  Yes (*Proof of citizenship and/or immigration status is required upon employment*)

**References** List 3 references who are former supervisors, co-workers, teachers or professional associates, etc. Do not list relatives or friends.

1) Name: _____	Phone: _____
Address: _____	Relationship: _____
_____	Years acquainted: _____
2) Name: _____	Phone: _____
Address: _____	Relationship: _____
_____	Years acquainted: _____
3) Name: _____	Phone: _____
Address: _____	Relationship: _____
_____	Years acquainted: _____

**Authorization: Please read this authorization carefully, then sign and date below.**

I authorize all persons, schools, employers and organizations mentioned in this application to provide Rutland Area Visiting Nurse Association & Hospice (RAVNAH) with any and all information requested by the Agency. I voluntarily release such persons, schools, employers and organizations from all liability for providing such information.

The authorization:  includes  does not include my present employer

If employed by RAVNAH I will abide by its rules and regulations. I understand that each individual's employment at RAVNAH is at will and voluntarily entered into and each individual may voluntarily leave employment at any time and for any reason. Similarly, RAVNAH may terminate the employment relationship at any time for any reason, or for no reason with or without notice, at its option. Any oral or written statement by any member of company management which contradicts the "at-will" nature of the employment relationship as expressed herein is unauthorized and of no validity with the exception of a written statement made by the Executive Director.

RAVNAH specifically reserves the right to add to, delete from and modify personnel policies at its sole discretion at any time. Detailed information concerning company policies may be obtained by contacting Human Resources.

I understand that I may be asked to take a physical examination after an employment offer has been made and at any time during my employment at the option and expense of the company. I understand that medical records will be released only when required by law or subpoena, when authorized by myself in writing, or when a health care professional determines that I might cause harm to myself or others. I understand that a criminal history and adult abuse record checks may be required upon an offer of employment.

All the foregoing information supplied in this application is true and a full and complete statement of facts to the best of my knowledge. I understand that if any misrepresentation or falsification is discovered, it will constitute grounds for discharge. I understand that this application is neither an offer of nor a contract of employment, nor is any provision in this application to be considered contractual in nature. Please ensure that all information is complete before signing. Incomplete applications will not be accepted.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



HUMAN RESOURCES DEPARTMENT
APPLICANT INFORMATION

Applicant Name (optional) \_\_\_\_\_
Position/Department desired: \_\_\_\_\_

The Rutland Area VNA & Hospice is committed to providing Equal Employment Opportunity to all persons without regard to race, color, religion, sex, sexual orientation, national origin, disability or any other non-merit factor, or age as defined by Federal and State law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a voluntary basis.
The following personal information will be kept strictly confidential.

- GENDER: Male Female
RACIAL OR ETHNIC GROUP: Native American, Asian/Pacific, Black, Hispanic, White

INDIVIDUAL WITH A DISABILITY Vermont statutes (21 V.S.A. S495d.) "An individual with a disability" means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such an impairment; or (C) is regarded as having such an impairment.

Do you have a disability? Yes No

VETERAN STATUS Branch of Military Service Type of Discharge
Honorable General Medical Dishonorable Other

Dates: From / / To / /
Did you serve in the National Guard/Reserve? Yes No
Did you serve more than 180 days of Active Duty? Yes No
Have you served in a Hostile Fire Area? Yes No

If Yes, where?
Do you have a Service Connected Disability? Yes No

If Yes, what Percentage? %
Are you the Spouse of a service member? Yes No

If Yes:
Does your Spouse have Total Disability? Yes No
Was your Spouse Missing in Action? Yes No
Was your Spouse Captured/Detained by Hostile Forces? Yes No
Did your Spouse die while on Active Duty? Yes No
Did your Spouse die of a Service Connected Disability? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_