



Craftsbury Community Care Center

1784 East Craftsbury Road
 Craftsbury, VT 05826
 Telephone: (802) 586-2414
 Fax: (802) 586-6956

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Craftsbury Community Care Center? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Craftsbury Community Care Center? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Why do you choose health care work?

Licenses and Certifications:

Nurses, Nurse Aides, Technicians, licensed professional list current registration licenses:

Certifying or licensing association	State	Number	Expiration Date
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References

Please list at least two from previous employers and one personal.

Name	Address	Phone #	Relationship/Occupation	Years Known

Military Service:

Were you in the United States Armed Forces? Yes No

If yes, what branch? _____ Dates of service: _____

Craftsbury Community Care Center is an Equal Opportunity Employer. It is the policy of Craftsbury Community Care Center not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

After filling out this employment application, it can be dropped off or mailed to Craftsbury Community Care Center (1784 East Craftsbury Road, Craftsbury, VT 05826) or scanned and emailed to ccccenter@myfairpoint.net