



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Street Address and/or Mailing Address _____
Street Town State Zip

Telephone Number _____ Email: _____

Employment Desired

Position(s) applying for or type of work desired: _____

Are you looking for: Full-Time Part-Time Per Diem/Temporary

Salary desired _____ Potential Start Date: _____

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

Are you currently employed? Yes No

Our patients may not speak English. Do you speak, write, or understand any foreign languages? Yes No

If yes, please list _____

Employment History

1. Name of Employer: _____ Telephone Number: _____

Position Held: _____ Dates Employed _____ to _____

Job Duties _____ Reason for Leaving _____

2. Name of Employer: _____ Telephone Number: _____

Position Held: _____ Dates Employed _____ to _____

Job Duties _____ Reason for Leaving _____

3. Name of Employer: _____ Telephone Number: _____

Position Held: _____ Dates Employed _____ to _____

Job Duties _____ Reason for Leaving _____

Education, Training and Experience

School	Name of School / Location	# of Years Completed	Did you Graduate	Degree of Diploma
High School				
College/University				
Grad School				
Technical School				

Other Skills and Qualifications:

 (Job related training)

Are you currently licensed/certified for the position you are applying for? ___ Yes ___ No

Name of License/Certification _____ State _____

Has your license/certification ever been revoked or suspended? ___ Yes ___ No

 If yes, please explain.

Service Record:

Branch of Service _____

 Discharge Date _____ Rank _____

Professional References

List three references able to speak to your professional skills and abilities.

1. Name _____	Business _____
Telephone Number _____	Email _____
Years Known _____	Relationship _____
2. Name _____	Business _____
Telephone Number _____	Email _____
Years Known _____	Relationship _____
3. Name _____	Business _____
Telephone Number _____	Email _____
Years Known _____	Relationship _____

How did you hear about the position?

<input type="checkbox"/> Mountain Community Health Website	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Social Media (Facebook, Instagram, Linked In)	<input type="checkbox"/> Internet Job Site (Indeed, VT DOL, Glassdoor)	

Please read carefully and initial each paragraph.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant Signature

Date