



**Champlain Community Services**  
**512 Troy Avenue**  
**Colchester, VT 05446**  
**(802) 655-0511**  
**Fax: (802) 655-5207**

## Employment Application

Write only in the areas provided. If you require more space, please staple additional paper to the application. This application must be completed in full, even if a resume is attached. Stray marks or failure to complete all parts of this application may result in rejection of this application. If you need any assistance or accommodation in completing this application form or any part of our interview process, please notify us.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date Available \_\_\_\_\_

- Full Time   
  Part Time   
  Per Diem   
  Temporary   
  Summer   
  Internship  
 Evenings   
  Weekends   
  Holidays   
  Overnights   
  Days

Are you a citizen of the United States?   
 YES     NO    
 If no, are you authorized to work in the U.S.?   
 YES     NO

Have you ever worked for CCS?   
 YES     NO    
 If yes, when and which position? \_\_\_\_\_

How did you hear about CCS?   
 CCS Web site   
 Job Fair   
 Job Posting   
 Dept. of Labor   
 Employee  
 Publication \_\_\_\_\_   
 College \_\_\_\_\_   
 Newspaper \_\_\_\_\_   
 Other \_\_\_\_\_

#### Person to be notified in the event of an emergency:

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

Phone Numbers: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?   
 YES     NO    
 Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?   
 YES     NO    
 Degree: \_\_\_\_\_

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

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Professional Licenses / Certifications**

Are you currently :  Registered  Licensed  Certified

Eligible for:  Registration  Licensure  Certification

Professional License Information: Type \_\_\_\_\_

Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever had a license conditioned, suspended or revoked or otherwise restricted?  YES  NO

If yes, please provide dates & explain: \_\_\_\_\_

Current Certification or Training Experience: (check those that apply)

First Aid  CPR  Signing  Medication Administration  SCIP / NAPPI  Physical Intervention

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

**Start with your present or last job and include ALL of your past employment. Include any job related military service, volunteer activities or part time employment. Make sure phone numbers are accurate and complete. If you need additional space, please continue on a separate sheet of paper.**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Previous Employment (continued)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Have you ever been formally disciplined, asked to resign or been terminated by a former employer for any reason? If yes, please explain:**

\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Conviction Information**

Have you ever been convicted or had findings substantiated against you for acts related to emotional, physical or sexual abuse? YES NO

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

Have you ever been convicted of an offense related to sexual misconduct or violence? YES NO

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

Have you ever been convicted of a motor vehicle violation in the past 10 years? YES NO

If yes, please list all violations: \_\_\_\_\_

**Record of convictions(s) on criminal charges or substantial findings, will not necessarily bar an applicant from consideration for employment. This data will be one factor considered in light of the relationship of the nature of the conviction to the position for which you are applying.**

## Pre-Employment Authorization & Release

I understand that Champlain Community Services will verify all data that I have provided on my application, resumé, related documents and interviews. I authorize and consent to have Champlain Community Services carry out inquiries connected with my application for employment, contract-for-services or volunteer work. I further understand these inquiries may include (but are not limited to) requests for information about my character, work habits, performance, experience and qualifications, reasons for terminations from previous employment and other information deemed relevant to my application.

I acknowledge and agree that references, prior employers and other individuals or businesses providing Champlain Community Services with information about me are doing so at my request and for my benefit.

I hereby hold harmless Champlain Community Services and the individuals or businesses providing information related to my application for employment/contract or volunteer position. I hereby release these entities and persons from any and all liability for damages of any nature as a result of obtaining or furnishing such reference and background information.

I acknowledge and understand that Champlain Community Services follows an "employment-at-will" policy and practice. As a result, if I am hired, Champlain Community Services, as the employer, or I, as the employee, may terminate my employment at any time and for any reason that is consistent with Champlain Community Services policies and applicable state and federal laws, or my employment may be terminated for no reason.

I hereby certify that all statements made by me on this application, my resumé, documents related to my application for employment/contract or volunteer position are accurate and true to the best of my knowledge. I understand and agree that any falsification or omission in this application and background information may result in refusal to employ me, contract with me or place me in a volunteer position. Also, based on any provision (or causing the provision) of false information or omission of information, Champlain Community Services may terminate my employment, contract or volunteer work. If I become employed, enter into a contract or am placed in a volunteer position with Champlain Community Services, then I agree to abide by all the Agency's policies, procedures, rules and regulations, any applicable code of ethics, professional licensure rules and applicable laws.

I acknowledge and agree that, if I choose to submit this Employment Application to Champlain Community Services via fax or electronically (for example, by submitting a pdf file using CCS' website), then – by doing so – my pre-employment authorizations, certifications, releases, and agreements outlined above are valid, effective, and binding with a copy of my signature or without any signature and are granted by virtue of my submission of this application by fax or electronic means, respectively.

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