



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** _____