



COMMUNITY HEALTH SERVICES
OF LAMOILLE VALLEY

EMPLOYMENT APPLICATION

COMMUNITY HEALTH SERVICES OF LAMOILLE VALLEY:

- PRACTICE:**
- Behavioral Health & Wellness Center
 - Morrisville Family Health Care
 - Neurology
 - Stowe Family Practice
 - The Women's Center
 - Community Dental Clinic
 - Administration
 - Any Practice

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal laws

PREVIOUS EXPERIENCE

| PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST. | FROM | TO | IMMEDIATE SUPERVISOR | LAST SALARY Hourly, Monthly or Yearly |
|---|------|----|-------------------------|---|
| JOB TITLE: | | | | |
| EMPLOYER NAME ADDRESS & PHONE | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |

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|----------------------------------|--|--|--|--|
| JOB TITLE: | | | | |
| EMPLOYER NAME ADDRESS & PHONE | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |

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|----------------------------------|--|--|--|--|
| JOB TITLE: | | | | |
| EMPLOYER NAME ADDRESS & PHONE | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |

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|----------------------------------|--|--|--|--|
| JOB TITLE: | | | | |
| EMPLOYER NAME ADDRESS & PHONE | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |

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|--|--|--|--|--|
| State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Can we run a detailed employment check, including but not limited to a check with your previous employers? () Yes () NO _____ Please sign here to authorize reference check. | | | | |

| | |
|---|--------------|
| Did you serve in the United States Armed Services? () Yes () No | What Branch? |
| Have you ever been convicted of a felony? () Yes () No | |
| Are you a citizen of the United States? () Yes () No | |
| If an alien, are you authorized to work in the USA? () Yes () No If yes, attach proof. (i.e., Green Card, Resident Alien Card, etc.) | |

REFERENCES

| LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS: | | | |
|--|-------|------------------------|-----------|
| NAME AND RELATIONSHIP | TITLE | COMPANY NAME & ADDRESS | TELEPHONE |
| | | | |
| | | | |
| | | | |

REMARKS

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

I hereby certify that the information contained in this application form is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

| | | |
|---|--------------------------------|--|
| TO BE COMPLETED AFTER EMPLOYED | HIRED? () YES () NO | SEE COMMENTS BELOW. |
| REFERENCES CHECKED AND BY WHOM: | REFERENCE #1 DATE | REFERENCE #2 DATE REFERENCE #3 DATE |
| PERSONNEL NOTES (These notes are open to inspection – please keep information factual.) | | |
| IF APPLICANT IS 18 YEARS OLD OR LESS, IS PROOF OF AGE ON FILE? () YES () NO | | INTERVIEWER'S SIGNATURE |
| STARTING DATE | () EXEMPT () NON-EXEMPT | COMPLETION OF PROBATION/APPROVED BY |
| DEPARTMENT | COST CENTER | DATE: SIGNATURE |
| POSITIONS/JOB SITE | () FULL TIME () PART TIME | () ON CALL STATUS () ROTATION |
| STARTING SALARY/GRADE | DIFFERENTIAL | SHIFT EMPLOYEE NUMBER |
| NOTIFY IN CASE OF EMERGENCY: | NAME RELATIONSHIP | ADDRESS TELEPHONE NO. |