

# Helen Porter Healthcare and Rehabilitation Center

It is the policy of Porter Medical Center, Inc. and each of its affiliates to provide employment, training, compensation, promotion and other conditions of employment regardless of race, color, sex, religion, age, handicap / disability, sexual orientation or national origin.



## Helen Porter

Healthcare and Rehabilitation Center

30 Porter Drive, Middlebury, Vermont 05753

**Please type or print clearly in ink**

Position(s) applying for: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS			HOME PHONE NO.
CITY	STATE	ZIP CODE	BUSINESS PHONE NO.
STREET AND TOWN OF ACTUAL RESIDENCE			DATE AVAILABLE
HOW WERE YOU REFERRED TO OUR FACILITY?			NUMBER IN ORDER OF PREFERENCE FULL TIME      PART TIME ON CALL      TEMPORARY
HAVE YOU EVER BEEN EMPLOYED BY ANY FACILITY OF PORTER MEDICAL CENTER?			
WHEN: _____ NAME WHILE EMPLOYED: _____			DAYS      EVENINGS NIGHTS      ROTATION WEEKENDS      HOLIDAYS
RELATIVES OR FRIENDS EMPLOYED AT ANY FACILITY OF PORTER MEDICAL CENTER?			
NAME: _____ DEPARTMENT: _____			SALARY DESIRED
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK			
IN THE UNITED STATES?      YES      NO			DID YOU SERVE IN THE ARMED SERVICES? YES      NO      WHAT BRANCH?
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (Not Motor Vehicle Related)			
YES      NO      IF YES EXPLAIN: _____			
HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES?      YES      NO      WHERE? _____			

EDUCATION / SKILLS

CIRCLE HIGHEST YEAR COMPLETED	GRAMMAR SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4 5
SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA
HIGH	_____			
COLLEGE	_____			
OTHER	_____			
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPRO. WPM	COMPUTER SKILLS:
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:				
PROFESSIONAL LICENSES AND / OR CERTIFICATIONS				
ARE YOU CURRENTLY ELIGIBLE FOR:	REGISTERED REGISTRATION	LICENSED LICENSURE	CERTIFIED CERTIFICATION	
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER
PLEASE LIST ANY SPECIAL SKILLS (LANGUAGES, COOKING, ELECTRONICS ETC.) _____				
ADDITIONAL STATEMENTS REGARDING YOUR QUALIFICATIONS _____				

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ NAME WHILE EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS EXPERIENCE**

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ NAME WHILE EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_ NAME WHILE EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

USE ADDITIONAL PAGES FOR OTHER POSITIONS WITHIN THE LAST 3 YEARS.

**REFERENCES**

**LIST AT LEAST 3 WORK RELATED REFERENCES WHO ARE NOT RELATIVES:**

NAME AND RELATIONSHIP	COMPANY NAME & ADDRESS	TELEPHONE

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I CONSENT TO ANY MEDICAL EXAMINATION REQUIRED BY THE FACILITY AND I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONDITIONED UPON SATISFACTORILY PASSING A PHYSICAL EXAMINATION, A PHYSICAL THERAPY EVALUATION, CRIMINAL RECORDS AND ADULT PROTECTIVE SERVICES CHECKS.

**SIGNATURE**

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANYTIME AND FOR ANY REASON, AT THE OPTION OF EITHER THE FACILITY OR MYSELF.

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING REPRESENTATIONS OR OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN DISCHARGE EVEN IF DISCOVERED AT A LATER DATE.

I HEREBY AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THIS FACILITY AND ALL AFFILIATES WITH ANY RELEVANT INFORMATION REGARDING MY EMPLOYMENT DECISIONS AND I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY REGARDING THE PROVISION OR USE OF SUCH INFORMATION.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_