

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Northeast Kingdom Homecare, Inc. **Northeast Kingdom Homecare, Inc.** is an equal employment opportunity employer. **Northeast Kingdom Homecare, Inc.** policy is not to discriminate against any applicant or employee based on race, color, sex, sexual orientation, gender identity, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. **Northeast Kingdom Homecare, Inc.** also prohibits harassment of applicants or employees based on any of these protected categories. It is also **Northeast Kingdom Homecare, Inc.'s** policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking is prohibited in all indoor areas of **Northeast Kingdom Homecare, Inc.** unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Today's Date	Position Applying For	
Name (Last) (First) (Middle)	Minimum Salary Desired	Date Available for Work
Street Address	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City State Zip	Telephone (Home) () - () -	Telephone (Work)
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the other name(s):	Are you available to work evening or overnight shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you available weekdays? weekends? (You do not need to disclose scheduling restrictions related to your religion, a disability or a medical condition)	
Have you previously worked for or applied for a position with Northeast Kingdom Homecare, Inc. in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when and, if employed, in what capacity:	Are you related to or in a close personal relationship with anyone now employed at Northeast Kingdom Homecare, Inc. (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located.	

PERMISSION TO WORK

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

How did you learn about **Northeast Kingdom Homecare, Inc.?**

- Employment Agency (state name): _____
 School (state name): _____
 Reputation of Firm _____
 Newspaper ad (name of paper): _____
 Referral (state name): _____
 Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
1	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:
	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
2	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

4	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	
	Job Title and Work Responsibilities	Reason for Leaving:

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

If hired, can you provide a valid driver's license? Yes No

If hired, you will be required to provide evidence of insurance.

Emergency Contact Person

Name: _____ Phone Number: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: I certify all the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: I recognize this employment application is not an offer of employment. I agree if I am hired by **Northeast Kingdom Homecare, Inc, I will be an at-will employee**, meaning either **Northeast Kingdom Homecare, Inc** or I may end the employment relationship at any time with or without cause or notice. I understand only the Director of Homecare of **Northeast Kingdom Homecare, Inc**, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Director of Homecare, Inc. any such agreements must be in writing and signed by the Director and by me or my authorized representative.

Initial: I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by **Northeast Kingdom Homecare, Inc.**

Initial: I understand **Northeast Kingdom Homecare, Inc.** may share the information contained in this application with other **Northeast Kingdom Homecare, Inc.** employees for employment and administrative purposes and hereby consent to such transfer.

Initial: I hereby authorize, to the extent allowed by applicable federal state and local laws, **Northeast Kingdom Homecare, Inc** to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Northeast Kingdom Homecare, Inc information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: I understand and expressly agree if employed by **Northeast Kingdom Homecare, Inc**, storage areas provided for me (locker, desk, etc.) are open to investigation by **Northeast Kingdom Homecare, Inc.** without prior notice to me.

Initial: **Vermont Applicants:** I understand **Northeast Kingdom Homecare, Inc.** may not ask or require applicants to disclose past salary, wages or other compensation

APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

My signature below certifies I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Northeast Kingdom Homecare, Inc. and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Northeast Kingdom Homecare, Inc. and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.