



1 Pinnacle Meadows, Richford, VT 05476
802-848-7106, Fax: 802-848-3216, www.avemariacare.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Last Name _____ First Name _____ Middle initial _____

Address _____

Telephone Number (s) _____ SS # (voluntary) _____

Position applied for: _____ Date of application: ____/____/____

Best time to contact you at home is: _____ AM PM

How did you learn about us? ___ Advertisement ___ Friend ___ Inquiry ___ Relative

___ Employment Agency ___ Other _____

What interested you about working in our facility? _____

Have you ever applied for work at this company before? YES NO Date ____/____/____

Do you have any friends or relatives who work here? YES NO Name _____

Are you currently employed? YES NO May we contact your employer? YES NO

Are you prevented from lawfully becoming employed in this country because of a visa? YES NO

Are you 18 years of age or older? YES NO

Date available for work ____/____/____

Are you available to work: Full time ___ Part time ___ Temporary ___

Are you available for: First shift ___ Second shift ___ Third shift ___

Are you currently on lay off status and subject to recall? YES NO

***Offering Two Locations:
Ave Maria Home &
Our Lady of the Meadows Home***

Education

School	Name and address of school	Years Completed	Diploma
High School			
Undergraduate/College			
Graduate/Professional			
Other (specify)			

Work Experience

Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin or other protected status.

Employer _____ From _____ To _____

Address _____ Telephone # _____

Reason for leaving _____ Hourly rate _____

Employer _____ From _____ To _____

Address _____ Telephone # _____

Reason for leaving _____ Hourly rate _____

Employer _____ From _____ To _____

Address _____ Telephone # _____

Reason for leaving _____ Hourly rate _____

May we contact these people? YES NO

Comments: Include explanation of any gaps in employment. _____

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Personal references: Do not include family members:

Name	Phone #	Occupation

In case of emergency notify: _____ Phone _____

Applicant Statement:

I certify that answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless other wise defined by applicable law, an employment relationship with this organization is of an “AT WILL” nature, which means that the Employee may resign at any time and that the Employer may discharge Employee at any time with or without cause. It is further understood that this “AT WILL” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

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