



# Wake Robin Application for Employment (Rev 10/13)

Wake Robin issues payroll via direct deposit. Employees will be responsible for completing a direct deposit authorization form.

**General Information: (Please print clearly. You may attach a resume, if desired.)**

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**ANSWER ALL QUESTIONS BELOW – DO NOT LEAVE BLANKS**

Are you legally eligible for employment in the United States?  Yes  No

Are you under age 18?  Yes  No

**Have you EVER been convicted of a misdemeanor or felony crime?** (Do not include minor motor vehicle violations.)  Yes  No (A conviction may be relevant if job-related, but does not automatically bar you from employment.) If Yes, please explain:

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-op

Date you can start: \_\_\_\_\_ What is your minimum hourly salary requirement? \$ \_\_\_\_\_/hour.

Have you ever worked at Wake Robin before? \_\_\_\_\_ When? \_\_\_\_\_ Position: \_\_\_\_\_

Referral Source:  Advertisement - Name of Ad \_\_\_\_\_  Employee (Please name:)  
 State Employment Agency  Walk-In  Relative  Other

**Education and Licensure**

**List last three (3) schools attended, starting with the last one.**

School Name	Dates Attended	GPA/Class Rank	Degree/Diploma Received
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Do you have a license or certification in the State of Vermont to perform the duties of the position you are seeking?**

Yes  No If Yes: License # \_\_\_\_\_ Type of License: \_\_\_\_\_ Expires: \_\_\_\_\_

Certification # \_\_\_\_\_ Type of Certificate: \_\_\_\_\_ Expires: \_\_\_\_\_

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**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work at Wake Robin.

List below any professional, trade, business or civic associations and offices held. (Exclude those whose names or character indicates the race, religion, creed, color, national origin or ancestry, sex, age or sexual orientation of its members.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below any special interests, hobbies, accomplishments or awards. (Exclude those whose names or character indicates the race, religion, creed, color, national origin or ancestry, sex, age or sexual orientation of its members.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** List below your last four employers, starting with the most recent. Include relevant military experience. **Explain any gaps in employment.** You may refer to an attached detailed resume.

Most Recent First

1. \_\_\_\_\_  
 (Company Name) (Address) (City, State, Zip) (Telephone)

\_\_\_\_\_

(Position Held) (Name of Supervisor) (Hourly or Annual Salary)

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **May be Contacted:**  Yes  No

Major Duties & Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. \_\_\_\_\_  
 (Company Name) (Address) (City, State, Zip) (Telephone)

\_\_\_\_\_

(Position Held) (Name of Supervisor) (Hourly or Annual Salary)

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **May be Contacted:**  Yes  No

Major Duties & Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3. \_\_\_\_\_  
 (Company Name) (Address) (City, State, Zip) (Telephone)

\_\_\_\_\_  
 (Position Held) (Name of Supervisor) (Hourly or Annual Salary)

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **May be Contacted:**  Yes  No

Major Duties & Responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. \_\_\_\_\_  
 (Company Name) (Address) (City, State, Zip) (Telephone)

\_\_\_\_\_  
 (Position Held) (Name of Supervisor) (Hourly or Annual Salary)

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **May be Contacted:**  Yes  No

Major Duties & Responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References:** List at least three individual references **including address and phone number.** Indicate type of reference relationship ( i.e. personal or professional). You may refer to an attached detailed resume or attached copies of written references.

Name	Address	City/State/Zip	Phone	Type
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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**Non-Discrimination Policy**

Wake Robin is committed to establishing a harmonious community where all persons can work to their fullest potential in an atmosphere of support and mutual respect. It is the policy of Wake Robin, in accordance with Titles VI and VII of the Civil Rights Act, Section 504 and the Age Discrimination Act as well as any other applicable Federal, State, and local laws, codes, rules, and regulations on non-discrimination of potential and actual employees to recruit, employ, and promote qualified applicants or employees and to administer all programs of the community for current residents or individuals applying for residency without regard to age, race, color, religious creed, handicap or disability, gender, sexual orientation, marital status, national origin, or ancestry. It is also the policy of Wake Robin to make reasonable accommodation for disabled applicants or employees on an individual basis. Any inquiries from staff or persons making application for employment can be made to the Human Resources Director, our Section 504 coordinator. TDD (802)264-5100.

I understand that if employed, I will adhere to these policies and that non-compliance may be cause for termination of employment. I further understand that these policies also include harassment based on any of the above items.

**Read this section thoroughly and carefully; then sign and date below:**

I understand, if hired, my employment remains contingent upon my passing a Physical Exam including TB testing as required by the State Health Code and by facility policy and successful passing of checks on my criminal background, elder abuse registry, child abuse and neglect registry, any other background checks required by law or Wake Robin and my continued eligibility to participate in Federal health care programs. I further agree to provide updates to these background checks as requested by Wake Robin and to execute such releases or other documents as may be necessary to conduct these background checks and understand all of these checks can be conducted with any/all states that I have resided within.

I hereby certify that all information written in this application or given to the interviewer by me is true and accurate. I understand that, if employed, and any of this information is found to be false, then this alone may be cause for cancellation of this application or termination of employment, if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Wake Robin reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Wake Robin has the authority to make any assurances to the contrary of this At-Will Employment relationship. Any grievance with regard to matters of employment will be handled in accordance with the Wake Robin Problem Resolving Procedure.

I hereby authorize Wake Robin to contact any/all of my previous employers and references for full information about me, unless otherwise noted on the "May be Contacted" box of each previous employer listed on this application. I hereby authorize my previous employers to release such information and release from liability all persons, corporations, or organizations for furnishing such information.

I also do hereby attest and affirm by my signature below that I have not been convicted of a criminal offense related to health care or debarred, excluded, or otherwise deemed ineligible for participation in health care programs such as Medicare or Medicaid. I understand that I am required to immediately report to Wake Robin any conviction of an offense that would preclude employment in a nursing facility or otherwise excludes me from participation in any Federal health care program such as Medicare and Medicaid. In addition, I understand that if Wake Robin obtains notice that I am charged with a criminal offense related to the delivery of health care services or otherwise proposed for exclusion, Wake Robin will take all necessary steps to ensure that my responsibilities do not adversely affect the quality of care rendered to any resident or the accuracy of claims submitted to any Federal health care program. If resolution of the matter results in conviction, debarment or exclusion, I understand Wake Robin will terminate my employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Wake Robin reviews all the applications carefully and contacts only those applicants selected for an interview. Please note that applications are kept on file in an active status for six months. Should you not be contacted for an interview, you can request we apply your active application toward other advertised openings by notifying Human Resources at (802)264-5105. When you call, please be prepared to indicate which position you last applied for. Thank you for your interest in employment with Wake Robin.***

**Completed Applications should be submitted to: Wake Robin, Human Resources Department, 200 Wake Robin Drive, Shelburne, Vermont 05482, Ph (802)264-5100, Fax (802)264-5146**

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