

NOTCH

NORTHERN TIER CENTER FOR HEALTH

Alburg • Enosburg • Richford • St. Albans • Swanton

EMPLOYMENT APPLICATION

NAME (First, Middle, Last, Suffix (ex: Jr, Sr, II, III))		
MAILING ADDRESS, CITY, STATE, ZIP CODE		
HOME TELEPHONE	WORK OR MESSAGE TELEPHONE	EMAIL ADDRESS

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse, roommate, domestic partner, civil union partner, any relative of any of the foregoing, or any relative of yours work for NOTCH?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?

EDUCATION & TRAINING

Do you have a high school diploma or equivalent? YES NO

List any college, vocational, military, trade, nursing, or other schools attended.

NAME AND LOCATION OF SCHOOLS ATTENDED	DATES ATTENDED	FIELDS OF STUDY	GRADUATED (YES/NO)	DEGREE EARNED	IF NOT GRADUATED, # OF CREDITS EARNED



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WORK HISTORY

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY & STATE	
FROM (MO/YR)	TO (MO/YR)	TELEPHONE NUMBER	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY & STATE	
FROM (MO/YR)	TO (MO/YR)	TELEPHONE NUMBER	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY & STATE	
FROM (MO/YR)	TO (MO/YR)	TELEPHONE NUMBER	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			



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LICENSES AND CERTIFICATES

If you have any licenses or registrations, list them below.

DESCRIPTION	DATE ISSUED	NUMBER	ISSUED BY

TRAINING

List any relevant training courses you have taken.

COURSE TITLE	SCHOOL NAME	COMPLETION DATE

REFERENCES

List personal and professional references.

NAME	PHONE NUMBER	TITLE/EMPLOYER	TYPE (PERSONAL OR PROFESSIONAL)

CERTIFICATION

Please read carefully before submitting this application. I certify that all information I have entered is correct and complete to the best of my knowledge. I understand that NOTCH may verify information and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

Signature _____

Date _____



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APPLICANT EEO SURVEY

NOTCH is an Equal Employment Opportunity employer. The information requested below is gathered to comply with Federal record keeping regulations and Equal Employment Opportunity requirements. You are not required to furnish this information; however, your cooperation is strongly encouraged and appreciated. The information on this form is CONFIDENTIAL and will be available only to authorized personnel for research and evaluation purposes. This page will be separated from your application prior to review and will be maintained in a separate file in the Administration Office.

Date you are completing this application: _____

What is your gender? Male Female

How do you describe yourself?

- BLACK (not of Hispanic origin):** Persons having origins in any of the Black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

INSTRUCTIONS

Please mail, fax, or hand deliver your completed application to:

Northern Tier Center For Health
44 Main Street, Suite 200
Richford, VT 05476
Fax # (802) 255-5569

