

PORTER MEDICAL CENTER, INC.

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.



115 Porter Drive
Middlebury, VT 05753
802-388-4780
Human Resources

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 ----- DAYS EVENINGS NIGHTS ROTATION WEEKENDS HOLIDAYS
HAVE YOU EVER BEEN EMPLOYED BY ANY FACILITY OF PORTER MEDICAL CENTER?			
WHEN? NAME WHILE EMPLOYED:			
RELATIVES OR FRIENDS EMPLOYED AT ANY FACILITY OF PORTER MEDICAL CENTER?			
NAME DEPARTMENT:			
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK			
IN THE UNITED STATES? YES NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (Not Motor Vehicle Related)			SALARY DESIRED:
YES NO IF YES EXPLAIN:			
HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? YES NO WHERE?			DID YOU SERVE IN THE ARMED SERVICES? YES NO WHAT BRANCH?

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:	REGISTERED	LICENSED	CERTIFIED	
ELIGIBLE FOR:	REGISTRATION	LICENSURE	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 _____				

List name, address and phone of all previous recent employers with current or most recent employer first

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: _____



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.



List at least 3 work related references who are not relatives :

REFERENCES

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.

I understand that my employment can be terminated at any time 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 any employment decisions and I release all such persons from any liability regarding the provision or use of such information.

SIGNATURE

Date: _____ Signature: _____