

**Scotland House**  
**Woodstock Area Adult Day Health and Wellness**  
**PO Box 180, Woodstock, VT 05091**

PERSONAL INFORMATION		
Name (First, MI, Last)	Date	
Mailing Address		
Physical Address (if different)		
Home Phone	Alternate Phone	Best way to contact

POSITION DESIRED
Position Applying For
Job Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem
Date available:

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business/Trade/ Technical				
Graduate				

PROFESSIONAL LICENSES/CERTIFICATIONS					
Type	State	Number	Date Issued	Expiration Date	Temp/Perm [ ]/[ ]
Has your professional license/certification ever been conditioned, suspended, revoked, or otherwise restricted? If yes, please explain.					

### EMPLOYMENT HISTORY

Please begin with your most recent employment and include all of your past employment. If more space is needed, please continue on a separate piece of paper.

<b>Job Title</b>	Employed from	Employed to	Hrs/Week	May we contact your current Supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer	Telephone	Address		Supervisor	
Job Duties				Starting Salary	Ending Salary
Reason For Transferring?					

<b>Job Title</b>	Employed from	Employed to	Hrs/Week		
Employer	Telephone	Address		Supervisor	
Job Duties				Starting Salary	Ending Salary
Reason For Leaving?					

<b>Job Title</b>	Employed from	Employed to	Hrs/Week		
Employer	Telephone	Address		Supervisor	
Job Duties				Starting Salary	Ending Salary
Reason For Leaving?					

### PROFESSIONAL REFERENCES: please list three references who are not relatives.

Name	Company	Phone Number	Relationship

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use this space to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I certify that all statements I have made on this application, my resume, and all documents related to my application are complete, accurate, and true to the best of my knowledge. I understand that my misrepresentation, false statement, or omission deemed material by Scotland House, Woodstock Area Adult Day Health and Wellness may result in Scotland House, Woodstock Area Adult Day Health and Wellness not hiring me or, if employed, terminating my employment. I understand that my acceptance of an offer of employment does not contractually bind Scotland House, Woodstock Area Adult Day Health and Wellness to continue to employ me in the future and that, unless I have a written employment contract, I will be an employee at will and Scotland House, Woodstock Area Adult Day Health and Wellness can terminate my employment at any time with or without cause.

I acknowledge and agree that references, prior employers, and other individuals or businesses providing Scotland House, Woodstock Area Adult Day Health and Wellness with information about me are doing so at my request. I hereby hold harmless and absolve Scotland House, Woodstock Area Adult Day Health and Wellness and any such individual(s) and/or businesses of any liability for claims or damages of any kind related to the obtaining, furnishing, or verifying such information. I also waive all rights to see or review information furnished to Scotland House, Woodstock Area Adult Day Health and Wellness.

---

**Signature**

---

**Date**

It is the policy of Scotland House, Woodstock Area Adult Day Health and Wellness to consider applicants for employment without regard to race, color, religion, age, disability, national origin, citizenship, place of birth, ancestry, gender, gender identity, sexual orientation, a positive test result from an HIV-related blood test, genetic information, veteran or military status, or any other status protected by state or federal law.