

# Employment Application



**72 South Main St., P.O. Box 4409  
White River Jct., Vermont 05001  
Tel 802-295-1658; Fax 802-295-0663**

*Write only in the areas provided. If you require more space, please staple additional paper to the application. This application must be completed in full, even if a resume is attached. Stray marks or failure to complete all parts of this application may result in rejection of this application.*

*If you need any assistance or accommodation in completing this application form or any part of our interview process, please contact our Human Resources Office.*

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Position(s) Applying For (list titles):** \_\_\_\_\_, \_\_\_\_\_ **Date Available:** \_\_\_\_\_

Availability to Work:

Full Time  Part Time  Per Diem  Temporary  Summer  Internship

Evenings  Weekends  Holidays  Overnights  Days

Have you ever been employed by this Agency before? \_\_\_\_\_ (If so, when and which program): \_\_\_\_\_

**Referral Source:** I heard about these job opportunities from:

<input type="checkbox"/> ARIS Website	<input type="checkbox"/> Employee	<input type="checkbox"/> Other _____
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Publication _____	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Job Posting	<input type="checkbox"/> College _____	
<input type="checkbox"/> Department of Labor	<input type="checkbox"/> Jobs in Vermont	

Are you able to provide verification of your right to work in the United States upon hire?  
 Yes  No

**Person to be notified in case of an emergency:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_, select one: home , cell , work

\_\_\_\_\_ , select one: home , cell , work

**It is the policy of ARIS Solutions to consider applicants for all positions and other conditions of employment without regard to race, color, gender, religion, age, disability, national origin, marital or civil union status, uniformed service, veteran status, sexual orientation, place of birth, citizenship, ancestry, gender identity, a positive result from an HIV-related blood test, genetic information or any other legally protected status.**

## Education:

**High School:** Name: \_\_\_\_\_ State: \_\_\_\_\_ Diploma: \_\_\_\_\_

**College:** Name: \_\_\_\_\_ State: \_\_\_\_\_ Degree obtained: \_\_\_\_\_

**Grad School:** Name: \_\_\_\_\_ State: \_\_\_\_\_ Degree obtained: \_\_\_\_\_

## Professional Licenses/Certifications:

Are you currently: Registered  Licensed  Certified   
Eligible for: Registration  Licensure  Certification

**Professional License Information:** Type: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever had a license conditioned, suspended or revoked or otherwise restricted?  Yes  
 No

If yes, please provide dates & explain: \_\_\_\_\_

**Current Certification or Training Experience:** (check those that apply)

First Aid  CPR  Signing   
Medication Administration  SCIP/NAPPI  Physical Intervention

Have you ever been formally disciplined, asked to resign or been terminated by a former employer for any reason?  Yes  No. Explain: \_\_\_\_\_

## Conviction Information:

Most of our positions require driving as an essential function of the position. If the position you are applying for involves transporting a person who receives services, we want to make you aware that we will be doing a motor vehicle records check to learn about your driving history and we would like you to respond to the following question:

**Have you had any convictions for traffic violations in the last five years?**

YES  NO

If yes, explain \_\_\_\_\_

**The Vermont Department of Disabilities, Aging and Independent Living (DAIL) and Vermont State Licensing Regulations prohibit this Agency from having on staff a person who has certain criminal convictions or substantiations relative to abuse, neglect or exploitation:**

**Do you have a substantiated record of abuse, neglect, or exploitation of a child as determined by The Vermont Department of Children and Families?**

YES  NO

If yes, please explain \_\_\_\_\_

## Conviction Information (continued):

**Do you have a substantiated record of abuse, neglect or exploitation of a vulnerable adult as determined by Vermont Adult Protective Services?**

YES     NO

If yes, please explain\_\_\_\_\_.

**Have you been excluded from participation in Medicaid or Medicare services or programs, or from facilities, as reflected in databases maintained by the federal government to include Department of Health and Humans Services' Office of Inspector General List of Excluded Individuals/Entities (LEIE) System for Award Management or the Department of Vermont Health Access?**

YES     NO

If yes, please explain\_\_\_\_\_.

**Have you ever been convicted of any of the crimes listed below?**

YES     NO

If yes, please explain\_\_\_\_\_.

- Abuse, neglect or exploitation of a child or vulnerable adult
- Lewd and lascivious conduct
- Assaults
- Unlawful restraint
- Recklessly endangering another
- Frauds, including forgery
- Larceny including thefts and robbery
- Burglary
- Embezzlement
- Extortion
- Homicide, including murder or manslaughter
- Stalking
- Cruelty to children or animals
- Kidnapping
- Possession of child pornography
- Arson
- Drug-related
- DUI

**Record of conviction(s) on criminal charges or substantial findings, will not necessarily bar an applicant from consideration for employment. This data will be one factor considered in light of the relationship of the nature of the conviction to the position for which you are applying.**

## Employment Experience:

Start with your present or last job and include ALL of your past employment. Include any job related military service, volunteer activities or part time employment. Make sure phone numbers are accurate and complete. If you need additional space, please continue on a separate sheet of paper.

Employer _____	Dates Employed _____
Address _____	Duties _____
Phone #: _____	Your Last Name While there _____
Your Job Title _____	Your Supervisor _____
Reason for Leaving _____	
Is this your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, may we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Dates Employed _____
Address _____	Duties _____
Phone #: _____	Your Last Name While there _____
Your Job Title _____	Your Supervisor _____
Reason for Leaving _____	

Employer _____	Dates Employed _____
Address _____	Duties _____
Phone #: _____	Your Last Name While there _____
Your Job Title _____	Your Supervisor _____
Reason for Leaving _____	

## References:

Please list 3 references who are NOT relatives, employers, or otherwise mentioned in this application.

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

<p><b><u>HONESTY &amp; INTEGRITY</u></b></p> <ul style="list-style-type: none"><li>✓ Keep Commitments and Be Committed.</li><li>✓ Take Responsibility for Your Own Actions.</li><li>✓ Talk Straight.</li><li>✓ Be Open.</li><li>✓ Be Sincere.</li><li>✓ Be Fair.</li><li>✓ Have the Courage to Do the Right Thing.</li></ul>	<p><b><u>EMPOWERMENT</u></b></p> <ul style="list-style-type: none"><li>✓ Give People the Authority to Make Decisions.</li><li>✓ Provide Feedback.</li><li>✓ Listen.</li><li>✓ Encourage People’s Full Potential.</li><li>✓ Be Trusting.</li><li>✓ Support Creativity and Risk Taking.</li><li>✓ Inspire Fearless Innovation.</li></ul>
<p><b><u>RESPECT</u></b></p> <ul style="list-style-type: none"><li>✓ Demonstrate Authentic Interest in the Input of Others.</li><li>✓ Value the Feelings and Experiences of Others.</li><li>✓ Engage in Active Listening.</li><li>✓ Value Diversity.</li><li>✓ Treat People with Courtesy, Fairness, and Dignity.</li></ul>	<p><b><u>TEAMING</u></b></p> <ul style="list-style-type: none"><li>✓ Delegate Meaningful Work.</li><li>✓ Value Participation and Open Dialogue.</li><li>✓ Collaborate to Solve Problems and Achieve Common Goals.</li><li>✓ Practice Synergy.</li><li>✓ Celebrate Success and Have Fun.</li><li>✓ Have Confidence in Others.</li><li>✓ Encourage Respectful Dissent.</li></ul>

## ARIS Solutions Core Values



We ask all applicants for employment to please read the above to gain an understanding of the values and behaviors we expect our employees to demonstrate every day. This is “how” we do the important work we do at ARIS Solutions. If you believe you understand and regularly demonstrate these values in your work, please acknowledge this by signing below.

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Signature of Applicant

If you choose not to sign, or don’t believe that these values are compatible with your own, we’d like to thank you for applying but will not consider you for employment at ARIS Solutions.

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## Pre-Employment Authorization & Release:

I understand that ARIS Solutions will verify all data that I have provided on my application, resumé, related documents and interviews. I authorize and consent to have ARIS Solutions carry out inquiries connected with my application for employment, contract-for-services or volunteer work. I further understand these inquiries may include (but are not limited to) requests for information about my character, work habits, performance, experience and qualifications, reasons for terminations from previous employment and other information deemed relevant to my application.

I acknowledge and agree that references, prior employers and other individuals or businesses providing ARIS Solutions with information about me are doing so at my request and for my benefit.

I hereby hold harmless ARIS Solutions and the individuals or businesses providing information related to my application for employment/contract or volunteer position. I hereby release these entities and persons from any and all liability for damages of any nature as a result of obtaining or furnishing such reference and background information.

I acknowledge and understand that ARIS Solutions follows an “employment-at-will” policy and practice. As a result, if I am hired, ARIS Solutions – as the employer – or I as the employee may terminate my employment at any time and for any reason that is consistent with ARIS Solutions policies and applicable state and federal laws, or my employment may be terminated for no reason.

I hereby certify that all statements made by me on this application, my resumé, documents related to my application for employment/contract or volunteer position are accurate and true to the best of my knowledge. I understand and agree that any falsification or omission in this application and background information may result in refusal to employ me, contract with me or place me in a volunteer position. Also, based on any provision (or causing the provision) of false information or omission of information, ARIS Solutions may terminate my employment, contract or volunteer work. If I become employed, enter into a contract or am placed in a volunteer position with ARIS Solutions, then I agree to abide by all the Agency’s policies, procedures, rules and regulations, any applicable code of ethics, professional licensure rules and applicable laws.

I acknowledge and agree that, if I choose to submit this Employment Application to ARIS Solutions via fax or electronically (for example, by submitting a pdf file using ARIS’ website), then – by doing so – my pre-employment authorizations, certifications, releases, and agreements outlined above are valid, effective, and binding with a copy of my signature or without any signature and are granted by virtue of my submission of this application by fax or electronic means, respectively.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Revised 6/17/16*