



## 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

- 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

If Yes, please explain \_\_\_\_\_.

**Education:**

| Name and location of school | Course of Study | # of years | Diploma or Degree |
|-----------------------------|-----------------|------------|-------------------|
|                             |                 |            |                   |
|                             |                 |            |                   |

List any Certifications / Training / Experience that may be relevant to the position being applied for.

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List Membership in professional or civic organizations, (exclude those which may disclose your race, color, religion or national origin) as well as personal areas of interest.

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What are your future job aspirations?

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**Employment:**

Have you ever been formally disciplined, asked to resign or been terminated by a former employer for any reason?  YES  NO

If Yes; please explain: \_\_\_\_\_

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**Start with present or most recent employer. Please account for all employment.**

Use additional pages if needed.

|                                   |                       |
|-----------------------------------|-----------------------|
| <b>Company Name &amp; Address</b> |                       |
| Telephone Number                  |                       |
| Name of Supervisor                |                       |
| Job Title                         |                       |
| Employment Date (Month/Year)      | FROM: _____ TO: _____ |
| Description of Duties             |                       |
| Reason for Leaving                |                       |

|                                   |                      |
|-----------------------------------|----------------------|
| <b>Company Name &amp; Address</b> |                      |
| Telephone Number                  |                      |
| Name of Supervisor                |                      |
| Job Title                         |                      |
| Employment Date (Month/Year)      | FROM: _____ TO _____ |
| Description of Duties             |                      |
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| Telephone Number                  |                       |
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| Job Title                         |                       |
| Employment Date (Month/Year)      | FROM: _____ TO: _____ |
| Description of Duties             |                       |
| Reason for Leaving                |                       |

***Lincoln Street, Inc. will contact the employers listed above unless you indicate otherwise.***

**References: List at least three former supervisors/professional and one personal reference.**

| <b>Name</b> | <b>Address and Phone Number</b> | <b>Relationship</b> |
|-------------|---------------------------------|---------------------|
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|             |                                 |                     |

## **Pre-Employment Authorization and Release**

I understand that Lincoln Street, Inc.. will verify all data that I have provided on my application, resume, related documents and interviews. I authorize and consent to have Lincoln Street, Inc. carry out inquires connected with my application for employment. I further understand these inquires may include (but 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 provided to Lincoln Street, Inc.. with information about me are doing so at my request and for my benefit.

I hereby hold harmless Lincoln Street, Inc. and the individuals or businesses providing information related to my application for employment. 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 Lincoln Street, Inc. follows an "employment-at-will" policy and practice. As a result, if I am hired, Lincoln Street, Inc.. as the employer or I as the employee may terminate my employment at any time and for any reason that is consistent with Lincoln Street, Inc. . 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 resume, documents related to my application 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. Also, based on any provision (or causing the provision) of false information or omission of information, Lincoln Street, Inc. may terminate my employment. If I become employed, then I agree to abide by all Agency 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 via fax or electronically 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 virtue of y submission of this application by fax or electronic means respectively.

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Signature of Applicant

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Date

Prospective employees will receive consideration for positions 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.