



Lamoille County Mental Health Services

Application Form

We consider applications for all positions without regard to race, color, religion, sex, national origin, ancestry, place of birth, gender identity, physical or mental disability, sexual orientation, genetic information, age, veteran status, or any other legally protected status. Applicants requiring accommodations in the application and or interview process should contact the human resource department.

Employment Application

Date: _____

Position(s) of Interest: _____

Full Name: _____

Last Name

First Name

Middle Initial

Address: _____

Street Address

Apartment Unit #

City

State

Zip Code

Contact Info: _____

Phone Number

Email

Earliest date you can start: _____

GENERAL QUESTIONNAIRE

Are you currently Employed? YES NO

Do you need to give notice to your current employer? YES NO

Are you currently vaccinated against COVID 19 (by the CDC definition)? YES NO

If no, are you planning to apply for a medical or religious exemption? YES NO

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Are you willing to travel if required? YES NO

Do you have a valid driver's license? YES NO

Have you ever been employed with us before? YES NO

If yes, what year(s) were you employed, and what was your position?

Are available to work: Full Time Part Time Temporary Sub Position

Are you able to meet the attendance requirements for the position? YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S? YES NO

EDUCATION

High School: _____

Address: _____

Street Address

City

State

Zip Code

From: YEAR

to

YEAR

Did you graduate? YES NO Diploma: _____

College: _____

Address: _____

Street Address

City

State

Zip Code

From: YEAR

to

YEAR

Did you graduate? YES NO Degree: _____

REFERENCES

Please list a minimum of three professional references below.

Name:	Position:	Years Known:

Company Name:	Contact Info:	

(Email or Phone Number)		
Name:	Position:	Years Known:

Company Name:	Contact Info:	

(Email or Phone Number)		
Name:	Position:	Years Known:

Company Name:	Contact Info:	

(Email or Phone Number)		
Name:	Position:	Years Known:

Company Name:	Contact Info:	

(Email or Phone Number)		

PREVIOUS EMPLOYEMENT

Company Name:	Years Employed:		

Address:	_____		
Street	City	State	Zip
Position Title:	From:	To:	

		Month/Year	to Month/Year
Reason for Leaving:	_____		

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Company Name: _____ Years Employed: _____

Address: _____
Street City State Zip

Position Title: _____ From: _____ To: _____
Month/Year to Month/Year

Reason for Leaving: _____

Company Name: _____ Years Employed: _____

Address: _____
Street City State Zip

Position Title: _____ From: _____ To: _____
Month/Year to Month/Year

Reason for Leaving: _____

Company Name: _____ Years Employed: _____

Address: _____
Street City State Zip

Position Title: _____ From: _____ To: _____
Month/Year to Month/Year

Reason for Leaving: _____

PREVIOUS TRAININGS/CERTIFICATIONS

Describe any specialized training, apprenticeships and/or skills: _____

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Describe any honors you have received: _____

Summarize special job-related certifications you have received from employment or other experiences: _____

MILITARY SERVICE

Branch: _____ Rank at Discharge: _____

Type of Discharge: _____ From: _____ To: _____

If other than honorable, please explain: _____

I certify that all my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give Lamoille County Mental Health Services permission to check the references I have provided.

Signature: _____ Date: _____