



Dr. Richard A. Sleeman Center
 614 Harwood Hill – P.O. Box 1504
 Bennington, VT 05201
 (802) 442-8136 - www.bpiads.org

APPLICATION FOR EMPLOYMENT

Bennington Project Independence is an Equal Opportunity Employer and Provider

PERSONAL INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Referred By		Can you safely move 50 lbs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Available	Social Security No.	Desired Salary	
Position Applied for	Temporary/Seasonal? YES <input type="checkbox"/> NO <input type="checkbox"/>	Full-time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	

EDUCATION & TRAINING	
Name of Last School Attended:	Street Address: City State Zip
From To	Circle Last year completed: Grade 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5
List applicable courses, certifications, diplomas, degrees or licenses:	
Other Training or Skills (include military)	

PREVIOUS EMPLOYMENT (list most recent first)	
Company	Phone ()
Address	Supervisor & Title
Job Title	Employed From To
Summary of Job Duties:	
Reason for Leaving:	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor & Title
Job Title	Employed From To
Summary of Job Duties:	

Reason for Leaving:		
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor & Title
Job Title	Employed From	To
Summary of Job Duties:		
Reason for Leaving:		
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
List any other information including employment, volunteer and community work which might be helpful in determining your qualifications for the position:		

PERSONAL REFERENCES	
<i>Please list three professional references.</i>	
Name	Relationship
Address	Phone ()
Name	Relationship
Address	Phone ()
Name	Relationship
Address	Phone ()

DISCLAIMER AND SIGNATURE	
I understand that, if hired, I will be subject to a driving, criminal, abuse registry and Office of Inspector General check.	
I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if employed, any false statements on this application shall be sufficient cause for dismissal. I agree to conform with the rules of BPI and that if hired my employment is at-will and may be terminated with or without notice at any time at my option or option of Bennington Project Independence.	
Signature	Date



Bennington Project Independence

Adult Day Care and Day Health Rehabilitation Service

Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

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