



## JOB APPLICATION

Vanguard Center for Neurological Health (VCNH) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below:

Date of Application: \_\_\_\_\_

### **Applicant Information**

Applicant Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Employment Position**

Position(s) applying for: \_\_\_\_\_

Full-time or Part-time: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shifts are you available for work? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? Yes No

Salary desired: \_\_\_\_\_

Have you ever applied to or worked for Vanguard Center for Neurological Health (VCNH) or Vanguard Preparatory School (VPS) before? Yes No

If yes, when? Yes No  
\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for VCNH or VPS? Yes No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document(s) are you able to provide to demonstrate proof of citizenship or approval to work in the United States?

\_\_\_\_\_

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes      No

If yes, the crime(s), when and where convicted and disposition of the matter:

\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Education and Training:**

High School	Location	Year Graduated	Degree Earned
College/University	Location	Year Attended/ Graduated	Degree Earned
Vocational School	Location	Year Attended/ Graduated	Degree Earned
Military	Branch	Years Served	Highest Rank

**Prior Employment:**

<b>Employer Name</b>	
Job Title	
Dates Employed	
Supervisor Name	
Address, City, State, Zip	
Phone Number	
Reason for Leaving	
<b>Employer Name</b>	
Job Title	
Dates Employed	
Supervisor Name	
Address, City, State, Zip	
Phone Number	
Reason for Leaving	

**Skills, Licensure and Training:**

What specific skills and qualifications do you possess for the job for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What **CURRENT** registration (s), certification(s), or license(s) do you hold that are relevant to the position for which you are applying?

\_\_\_\_\_

**At-Will Employment:**

If hired, the relationship between you and the Vanguard Center for Neurological Health (VCNH) is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or VCNH. No representative of VCNH has authority to any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either VCNH's President or Vice President of Operations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_