



Specialized Community Care
P.O. Box 578
East Middlebury, Vt. 05740
(802)-388-6388

Specialized Community Care -Application for- EMPLOYMENT

NAME: _____ **Date:** _____
ADDRESS: _____
PHONE: _____ **Best time to reach you:** _____
E-mail address (optional): _____

EDUCATION: _____ **GED or**
High School : _____ **Diploma?** _____
College: _____ **Degree/Major** _____
Other: _____

EMPLOYMENT HISTORY: (last (3) employers)

Employer Name: _____
Address: _____
Phone number: _____
Supervisor's name: _____
May we contact him/her for reference? _____
Dates of Employment: _____ to _____
Job Description: _____

Reason for leaving? _____

Employer Name: _____
Address: _____
Phone number: _____
Supervisor's name: _____
May we contact him/her for reference? _____
Dates of Employment: _____ to _____
Job Description: _____

Reason for leaving? _____

EMPLOYMENT HISTORY: (last (3) positions)

Employer Name: _____

Address: _____

Phone number: _____

Supervisor's name: _____

May we contact him/her for reference? _____

Dates of Employment: _____ to _____

Job Description: _____

Reason for leaving? _____

OTHER RELEVANT EMPLOYMENT OR TRAINING:

TYPE OF EMPLOYMENT SOUGHT (check all that apply)

- Developmental Home Provider _____
- Community Support (day program) _____
- Respite Support (weekend / overnights) _____

HOURS/DAYS AVAILABLE: _____

PLEASE LIST ALL PRE-EXISTING INJURIES or MEDICAL CONDITIONS: _____

HOW DID YOU HEAR ABOUT SCC? _____
