



Vesta, Inc.

9301 Annapolis Road

Lanham, MD 20706

Fax: (240) 263-7300

Email: Hr@vesta.org

APPLICATION FOR EMPLOYMENT

Vesta, Inc., an equal opportunity employer, does not discriminate on the basis of gender, age, race, creed, color, national origin, ancestry, marital status, sexual orientation, or disability. Vesta, Inc. actively promotes a drug-free workplace and a smoke-free environment.

Resumes may be attached to but not substituted for a completed application. Incomplete applications will not be processed. If hired, you will be required to provide proof of legal right to work in the U.S. Prior to and throughout your employment tenure, you are required to follow Vesta's regulations for drug screening and TB Screening, as well as compliance with training and personnel requirements.

Date _____ Position _____

Region _____ Full Time [] Part Time [] On Call []

Last Name _____ First Name _____ MI _____

Current Residence _____ Since _____

(Street Address)

City _____ County _____ State _____ Zip _____

Previous Residence _____ From _____ To _____

(Street Address)

City _____ County _____ State _____ Zip _____

E-mail Address _____ Are you 18 years of age or older? Yes ___ No ___

Home Phone () _____ Other Contact Phone () _____

This position may require that you use your personal vehicle. As part of your employment, Vesta, Inc. will obtain your Motor Vehicle records from states of residence for the past 3 years. If you have 3 or more points on your record, you will be disqualified. If you are disqualified from driving, your employment may be terminated. You are also required to present a copy of your auto insurance policy at the time of hire.

License Number _____ State Issued _____

Driving Restrictions _____

Have you ever been convicted of any criminal, alcohol/drug related, or motor vehicle offense? A conviction does not necessarily disqualify your application. **YES** _____ **NO** _____ If **YES**, please explain on the **ADDITIONAL INFORMATION** sheet and attach it with this application.

Do you have any relatives by blood or marriage working for Vesta? Yes ____ No ____

If Yes, name and relationship _____

Were you previously employed by Vesta, Inc.? Yes ____ No ____ If Yes, From _____ To _____

Location _____ Position _____ Supervisor _____

HOW DID YOU LEARN ABOUT THIS POSITION AND VESTA, INC?

Current/Past Employee of Vesta, Inc.

Name _____

Position _____ Region _____

Others _____

EDUCATION

(Please attach all degrees/certificates/licenses/diplomas.)

School/College	Degree/Date of Graduation	Major

Internship _____

Supervisor/Dean _____ Phone _____

Professional Certification/Licensure _____ Certificate/License _____

Last CPR expiration date _____ Last First Aid Certification date _____

Sign Language YES ____ NO ____ Languages Other Than English _____

EMPLOYMENT HISTORY

(Begin with your most recent or current position. Do not omit any employment.)

1. Name and address of employer: _____

Dates employed from: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

If current, may we contact your employer? [] **Yes** [] **No**

2. Name and address of employer: _____

Dates employed from: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

If current, may we contact your employer? [] **Yes** [] **No**

3. Name and address of employer: _____

Dates employed from: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job

Reason for Separation/desire to change

If current, may we contact your employer? [] Yes [] No

4 Name and address of employer: _____

Dates employed from: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

PROFESSIONAL REFERENCE

Name	Profession/Affiliation	Phone /E-mail

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant _____ Date _____

“Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.”

Signature of Applicant _____ Date _____

FOR MARYLAND HEALTHCARE FACILITIES ONLY

**Addresses where you have been employed outside the State of Maryland for the past 7 years
(Required by Maryland Senate Bill 312)**

- | | | | | |
|----|-------|--------|-------|----------|
| 1. | _____ | _____ | _____ | _____ |
| | City | County | State | Zip Code |
| 2. | _____ | _____ | _____ | _____ |
| | City | County | State | Zip Code |
| 3. | _____ | _____ | _____ | _____ |
| | City | County | State | Zip Code |
| 4. | _____ | _____ | _____ | _____ |
| | City | County | State | Zip Code |

FOR PROFESSIONAL LICENSES

(Please attached copies of your professional Certificates/Degrees/Licenses)

Type of License _____ State _____

License Number _____ Date Issued _____

Expiration Date _____ Issuing Board _____

EDUCATIONAL CREDENTIAL VERIFICATION

School Address

School Telephone

(____) _____

Years Attended

From _____ To _____

Major

_____ Degree _____

Year Graduated
