

**Freeport Place
4 Old County Road
Freeport, ME 04032**

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

(Please Print)

Position(s) Applied for	Date of Application
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How did you learn about us? Advertisement/Employment Agency/Friend/Relative/Walk-In/Other _____

Last Name	First Name	Middle Name
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Street Address

Mailing Address, if different from above

Telephone Number(s)	Social Security Number
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(Please circle)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before or any FAH affiliated facility/company? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (Proof of citizenship or immigration will be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work: Full time Part time Shift Work Temporary/Per Diem

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Are you excluded from any participating State or Federal Program? Yes No

Have you been found guilty of abusing, neglecting or mistreating residents by a court of law? Yes No

While working in the health care field, have you ever been the subject of or party to an official State or Federal fraud or abuse investigation? Yes No

If yes, please explain:

Have you had a finding entered into the State Nurses Aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property? (A finding means a determination made by the State that validates allegations of abuse, neglect, mistreatment of residents or misappropriation of their property.)

Yes No

If yes, please explain:

Education

	Name & Address	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate/College				
Graduate/Professional				
Other (<i>Specify</i>)				

Indicate any foreign languages you can speak, read and/or write _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employee Experience

Start with your present or last job; include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other projected status.

1.	Employer/Address	Job Title	Dates To/From	Salary
	Work Performed		Reason for Leaving	
2.	Employer/Address	Job Title	Dates To/From	Salary
	Work Performed		Reason for Leaving	
3.	Employer/Address	Job Title	Dates To/From	Salary
	Work Performed		Reason for Leaving	
4.	Employer/Address	Job Title	Dates To/From	Salary
	Work Performed		Reason for Leaving	
5.	Employer/Address	Job Title	Dates To/From	Salary
	Work Performed		Reason for Leaving	

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialize Skills

- CRT
- Fax
- PC
- Microsoft Office
- Calculator
- Mechanical Lifts
- Other (*please specify*)

State any additional information you feel may be helpful to us in considering your application as well as any professional, trade, business or civic activities and offices held. You may exclude membership, which would reveal gender, religion, national origin, age, ancestry, disability or other protected status:

References

Name	Address	Phone #
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Name	Address	Phone #
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Name	Address	Phone #
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I do hereby authorize all my previous employers or references to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

This application for employment shall be considered active for a period of time not to exceed 45 days (but will be retained for one year). Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____

Remarks _____

Interview /Date _____

Employed: Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____