



MAINE VETERANS' HOMES

caring for those who served

MAINE VETERANS' HOMES
APPLICATION FOR EMPLOYMENT
-an equal opportunity employer-

YOUR NAME: LAST FIRST MIDDLE INITIAL

STREET NAME

MAILING ADDRESS

CITY OR TOWN STATE ZIP

SOCIAL SECURITY NUMBER: TELEPHONE: HOME BUSINESS

POSITION APPLYING FOR:

FACILITY LOCATION: (circle) AUGUSTA BANGOR CARIBOU MACHIAS SCARBOROUGH SOUTH PARIS CENTRAL OFFICE

WILL ACCEPT: FULL TIME WILL ACCEPT: 1ST SHIFT ARE YOU A VETERAN? Yes No
(check all that apply) PART TIME 2ND SHIFT PER DIEM 3RD SHIFT

Have you ever been convicted of a crime, other than a non-alcohol related routine traffic offense? Yes No

Have you ever been subject to any exclusion actions taken by Medicare, Medicaid, or any other government health programs? Yes No

If you answered yes to either of these questions please provide date(s) and detailed explanation, and attach to this application form.

EDUCATION AND TRAINING

Table with 6 columns: Circle last yr completed, SCHOOL NAME AND LOCATION, Hours Completed (Semester, Quarter), MAJOR, MINOR, TYPE OF DEGREE. Rows include High School, College/Univ., Grad School, and Other*.

If you attended more than one school for the same degree list the LAST school and highest grade completed.

If you expect to receive a degree in the next three months give the date you expect the degree and circle it.

* Other schools or training (trade, vocational, armed services or business): Give name and location of each school, subjects studied, certificates, and any other data related to the job you are applying for.

CNA Applicants Only: Are you certified and currently listed in the Maine State Nurse Aide Registry Yes No

If yes, under what name(s) are you listed?

Office Use Only: Date CNA Registry Checked: By:

Nursing or Other Professional Licenses, Type: (list all states and license information below)

State Date of License Date License Expires License #

Do you have a person who resides in your household or relative who works at Maine Veterans' Homes Yes No

If yes, person's name:, type of relation, dept., shift

Applicants who need accommodation for an interview should request the accommodation at the time the interview is scheduled with the applicant, or any time prior to the interview day.

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for appointment or dismissed from the Maine Veterans' Homes if there are any misstatements or material omissions. I agree that my present employer and any previous employers may be contacted for references prior to the Maine Veterans' Homes extending me another offer of employment. I understand that if hired, I will have no employment contract and may be terminated or laid off at any time without advance notice at the will of Maine Veterans' Homes and that any verbal statements to the contrary are void and that an employment contract may be made only in writing by the Executive Director of Maine Veterans' Homes.

Applicant Signature Date



MAINE VETERANS' HOMES

caring for those who served

IMPORTANT INSTRUCTIONS FOR COMPLETING WORK HISTORY

This portion must be accurate and complete. Applications lacking sufficient information will be rejected. List all of your previous jobs in reverse order, starting with your present or last job and go back at least 10 years and include relevant jobs older than 10 years. List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your evaluation may be based on your work history. Be thorough and specific in the detailing of duties. A resume may be presented in lieu of completing this section of the application, so long as it contains all the information requested herein.

Have you worked at any Maine Veterans' Home location before
If yes, please list below.

Yes _____ No _____

PRESENT OR LAST EMPLOYER #1	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #2	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #3	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #4	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							



MAINE VETERANS' HOMES

caring for those who served

EMPLOYER #5	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #6	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #7	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

EMPLOYER #8	TELEPHONE #	FROM:			TO:		
		Mo.	Day	Year	Mo.	Day	Year
COMPLETE ADDRESS:							
		LAST WEEKLY PAY: \$					
YOUR TITLE:		HOURS PER WEEK:					
DUTIES:		SUPERVISORS NAME & TITLE:					
NUMBER AND TITLES OF EMPLOYEES YOU SUPERVISED:							
REASON FOR LEAVING:							

If additional space is needed to list employers, please use additional sheets and set up in same format as above.

NOTE INFORMATION NOT COVERED ELSEWHERE WHICH RELATES TO YOUR QUALIFICATIONS OR ELIGIBILITY FOR THIS POSITION:

Applicant Signature _____ Date _____



MAINE VETERANS' HOMES

caring for those who served

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any representative of the Maine Veterans' Homes bearing this release, or a copy thereof, to obtain any information from school, federal, state and/or local agencies or bodies, residential management agents, employers, criminal justice agencies or individuals, relating to my activities. This information may include but is not limited to Department of Human Services, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby authorize the requested individual, company or institution to furnish the Maine Veterans' Homes with any information they may have on record or otherwise concerning me. In addition, I hereby release the individual, company or institution and all individuals connected therewith, including the Maine Veterans' Homes from all liability for any damage whatsoever incurred infurnishing such information.

I understand that as part of the employment process, the Cumulative Sanctions Report published monthly by the OIG (Office of Inspector General) will be checked, as well as the List of Debarred Contractors for Federal Programs.

I understand that the information released is for official use by the Maine Veterans' Homes in reference to consideration of the undersigned for employment, and that this information may be re-disclosed to such third parties as necessary to determine my suitability for employment by said Maine Veterans' Homes.

I HAVE READ, UNDERSTAND, AND AUTHORIZE THE ABOVE RELEASE OF INFORMATION.

Applicant Signature

Date

Full Name (printed or typewritten)

Other Name(s) Used

Current Address

City State Zip