

Application

For Employment

RN LPN C.N.A Office

Housekeeping Dietary

Registry OIG AG

View License

Call board of nursing

Date

Initial

Consistent with the provisions of the *Americans with Disability Act (ADA)* and the *Maine Human Rights Act (MHRA)*, applicants may request accommodations needed to participate in the application process.

Date of Hire _____ Scheduled Hours-# hrs per wk _____ Shift _____ 3 out of 4 wknds _____ 4 out of 4 wknds _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or any other legally protected status. In addition, this Company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information to be used for unlawful purposes.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Rolling Thunder	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Morning Sentinel	<input type="checkbox"/> Relative	<input type="checkbox"/> Staff Member Name: _____	
<input type="checkbox"/> Bangor Daily (Online Ad? ___ Yes ___ No)	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other? Please Explain _____	
<input type="checkbox"/> valleydifference.com			

Last Name	First Name	Middle Name	Any other name by which known	
Street Address (No P.O. Box or R.R. Number)	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

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? () Yes () No
If Yes, give date _____

Do you have any relatives who work here? () Yes () No Please Explain _____

Are you currently employed? () Yes () No

May we contact your present employer? () Yes () No

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

On what date would you be available for work? _____ Hourly Pay Expected _____

Are you available to work: () Full Time () Part Time () Per Diem () Temporary Number of hours per week _____

What times of day are you available? () Days () Evenings () Nights

Days of the week you will work _____

Will you work overtime, if asked () Yes () No

Are you currently on "lay-off" status and subject to recall? () Yes () No

Have you ever been convicted of a crime? () Yes () No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College or Business / Trade / Technical				
Graduate Professional				
Other (Specify) e.g. CNA Course CNA-M Course				

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

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List Any Specialized Skills

___ PC Details

Microsoft: ___ Word ___ Hi Tech ___ Excel ___ PowerPoint

Please provide your original license or certificate to your interviewer

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

CNA	() Yes () No	Licensed Nurses	() Yes () No
On Maine Registry	___ ___ If no, explain	MDS	___ ___
Dealing with Dementia	___ ___	Care Plan	___ ___
Resident Transfers	___ ___	Skilled Notes	___ ___
Restorative	___ ___	IV Certification	___ ___
Other	___ ___	CPR	___ ___
CPR	___ ___ (Please Provide Certificate)	Psychoactive Drug Monitoring	___ ___

Describe:

Did you serve in the U.S. Armed Forces ___ Yes ___ No Branch _____
Describe training received which may be relevant

Employment Experience

Start with your present or last job. List each of last (at least four) employers. Please explain periods of unemployment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
	OK to Contact for Reference? Yes No			
Reason for Leaving	Were You Terminated?			

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
	OK to Contact for Reference? Yes No			
Reason for Leaving	Were You Terminated?			

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
	OK to Contact for Reference? Yes No			
Reason for Leaving	Were You Terminated?			

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
	OK to Contact for Reference? Yes No			
Reason for Leaving	Were You Terminated?			

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact employer: Name _____ Reason _____
 I, _____ (name) release information to Sebasticook Valley Health Care from the supervisors listed, except for those named on the above line, for the purpose of obtaining a reference.

Signature _____

Date _____

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Other Qualifications

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

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

Please use Supervisors, instructors other than ones listed on previous page. Do not use relatives, friends or co-workers.

References

1.	(Name)	()	
	(Address)		Phone #
2.		How long known?	How you know?
	(Name)	()	Phone #
3.	(Address)	How long known?	How you know?
	(Name)	()	Phone #
	(Address)	How long known?	How you know?

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For:

Date _____

NOTES:

PERSONNEL POLICIES & PROCEDURES

SEBASTICOOK VALLEY HEALTH CARE FACILITY

Prepared by: Mary Ford
Approved by: Policy Committee

Effective Date: November, 2001

SUBJECT: EMPLOYEE APPLICANT CRIMINAL BACKGROUND CHECK

New
Revised X
Reviewed

Job Description Philosophy Policy X Procedure Objective Organizational Chart

Sebasticook will conduct criminal history background checks to determine an employees fitness to care for the safety and well being of the elderly and individuals with disabilities.

The employer will contact an authorized agency of the state to request a background check for the purpose of determining whether a potential employee has been convicted of or is under pending indictment for a crime that bears upon the potential employees fitness to have responsibility for the safety and well being of the elderly or individuals with disabilities.

Applicants may be offered a position prior to the results of the background check have been returned. Continued employment will be dependent on the employee not having been convicted or under pending indictment for a crime that bears upon the employees fitness to have responsibility for the safety and well being of the elderly or individuals with disabilities.

All applicants must inform the employer on their application of any conviction (including a description of the crime and the particulars of the conviction.)

The applicant is entitled to obtain a copy of any background check report. The applicant can contact the State Police headquarters in Augusta to challenge the accuracy and completeness of any information contained in any such report.

In the case of an incident in which an individual has been charged when the charge has not yet been disposed of Sebasticook may suspend an employee until the case is resolved.

Information obtained as a result of the background investigation may be used only by the facility and only for the purpose of determining suitability of the applicant or employee for employment. A person who knowingly uses any information obtained pursuant to an annual background check for any other purpose is a criminal violation punishable by fine and imprisonment up to two years.

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

To the applicant:

The National Child Protection Act of 1993 (NCPA), Public Law (Pub.L.) 105-209, as amended by the Volunteers for Children Act (VCA), Pub.L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Potentially provide a set of fingerprints.
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028 (d)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed Maine State Police Headquarters Augusta Maine.
5. Prior to the completion of the background check, Sebasticook Valley Health Care Facility may choose to deny you unsupervised access to a person to whom the entity provides care. Continued employment will be dependent on not having been convicted or being under pending indictment for a crime that bears upon your fitness to have responsibility for the safety and well being of the elderly or individuals with disabilities. Any conviction of a crime which indicates lack of fitness to care for the elderly or individuals with disabilities may be grounds for dismissal of an employee. In the case of an incident in which an individual has been charged when the charge has not yet been disposed of Sebasticook may suspend an employee until the case is resolved.

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

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The government agency shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The government agency shall make reasonable efforts to respond to the inquiry within 15 business days.

Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____
Street Apt.

City State Zip

Name of document referenced: _____ (attach copy)

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Candidate's Name: _____

Job Applied For: _____

Date: _____

Personal

Name

Relationship

Amount of Time Known

Reliability

Trustworthiness

Work Ethic

Character

Former Employer / Supervisor Name _____ Position _____ Tel # _____

My name is _____. I am calling from Sebasticook Valley Health Care. I am _____ at this skilled/long term care facility. _____ gave you as a reference. May I ask you some questions? (Do not ask about worker's Comp. injuries, employment discrimination charges. These are illegal questions).

Confirm dates of employment.

How did _____ perform at their job? How is their interaction with others? _____

Skills _____ (Ask about what skills they may need for job, e.g. CNA – following transfer, infection control policies).

Teamwork _____ Dealing with difficult people and stressful situations _____

Communication _____ How does this person take direction? _____

Attendance _____

Need for constant supervision _____

Ability to supervise (if required) _____

Anything else you would like to add _____

Would you rehire? _____

JOB OPENING RECORD

Candidate's Name: _____

Job Applied For: _____

Date: _____

Personal

Name

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Anything else you would like to add _____

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Attendance _____

Need for constant supervision _____

Ability to supervise (if required) _____

Anything else you would like to add _____

Would you rehire? _____

JOB OPENING RECORD

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 or accompanying forms, and to contact my former employers. I understand that a background investigation will be performed and an inquiry into my driving record may be performed.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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, and without fixed term, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without prior notice, and 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 change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that false or misleading information, omissions or misrepresentations (leaving out past jobs) given in my application or interview(s) will constitute sufficient cause and reason for either refusal to hire or termination from employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that the company requires all employees who are eligible for health insurance benefits to show proof of coverage or to accept coverage through the company which includes the employee contributing to the premium. If hired, and eligible for benefits, I would agree to carry health insurance during my employment period.

If extended an offer of employment, I consent to undergo a preplacement functional evaluation by a health professional selected by the Company. I understand that any offer of employment is conditioned upon the results of this post-offer examination. If extended an offer of employment I understand that an offer of employment is conditioned upon showing evidence of having been vaccinated against or being immune to measles, mumps and rubella and varicella (chicken pox).

I understand that I am not excluded or sanctioned from any federal or state program. If I was excluded, the exclusion is not currently in effect and appropriate action has been taken to resolve this matter.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

Employed Yes No Date of Employment _____ Interviewer _____ Date _____
Number of Hours _____ Shifts _____ Hourly Rate/ Salary _____
Job Title _____ Department _____

By _____
Name and Title _____ Date _____