

**Application for Employment**  
**An Equal Opportunity Employer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_  
No Street City State Zip

Mailing Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Facility Location:  Augusta  Bangor  Caribou  Machias  Scarborough  South Paris  Central/Pharmacy  
 (check all that apply)

Will Accept:  Full Time  Part Time  Per Diem Preferred Shift:  1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift  Weekends

Requested Salary: \$ \_\_\_\_\_ Date you are available to start work: \_\_\_/\_\_\_/\_\_\_ Are you a Veteran?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No. (If hired, verification will be required by law)

Have you ever been convicted of a crime, other than Non-Alcohol related routine traffic offense?  Yes  No  
 (A previous conviction may not automatically disqualify you for employment; false statements may)

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) & detailed explanation below: \_\_\_\_\_

EDUCATION & TRAINING					
CIRCLE LAST YEAR COMPLETED	SCHOOL NAME & LOCATION	HOURS COMPLETED SEMESTER/QUARTER		MAJOR	MINOR
High School 1 2 3 4					
College/Uni 1 2 3 4					
Grad School 1 2 3 4					
Other* 1 2 3 4					

\*Other Schools or training – Trade, Vocational, Armed Services or Business – Please give name and location of each school, certificates and other data related to the job for which you are applying: \_\_\_\_\_

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: \_\_\_\_\_ Facility: \_\_\_\_\_ Dept: \_\_\_\_\_ Shift: \_\_\_\_\_

How were you referred to Maine Veterans' Homes?  MVH Website  JobsInME  Indeed  Family/Friend  
 Social Media (FB, LinkedIn, Twitter, Instagram)  School/College  Newspaper  Other: \_\_\_\_\_

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

**IMPORTANT INSTRUCTIONS FOR COMPLETING WORK HISTORY**

THIS PORTION MUST BE ACCURATE AND COMPLETE. APPLICATIONS LACKING SUFFICIENT INFORMATION MAY BE REJECTED. LIST ALL OF YOUR PREVIOUS JOBS IN REVERSE ORDER, STARTING WITH YOUR PRESENT OR MOST RECENT JOB AND GO BACK AT LEAST 10 YEARS, INCLUDE RELEVANT JOBS OLDER THAN 10 YEARS. LIST EACH PROMOTION AS A SEPARATE JOB.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you worked at any Maine Veterans' Homes location before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list below:

**Attaching resume in lieu of work history is acceptable if application is signed by applicant**

Present or Last Employer #1							
Name of Business:	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:	Supervisor Name & Title:						
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #2							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:	Supervisor Name & Title:						
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #3							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:	Supervisor Name & Title:						
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #4							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:	Supervisor Name & Title:						
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

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Employer #5							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:		Supervisor Name & Title:					
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #6							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:		Supervisor Name & Title:					
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #7							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:		Supervisor Name & Title:					
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

Employer #8							
Name of Business	Telephone:	From			To		
Complete Address:		Mo	Day	Year	Mo	Day	Year
Your Title:		Supervisor Name & Title:					
Duties:							
Number & Titles of Employees you Supervised:							
Reason for Leaving:							

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

Provide information not covered elsewhere which relates to your qualifications or eligibility for this position:

\_\_\_\_\_

\_\_\_\_\_

<b>Office Use Only:</b> Date C.N.A. Registry Checked: _____ Nursing or Other Professional Licenses types: _____ Checked by: _____			
State: _____	Date of License: _____	License #: _____	Expiration Date: _____
State: _____	Date of License: _____	License #: _____	Expiration Date: _____

**FOR OUR EMPLOYEES' WELL BEING ALL MVH CAMPUSES ARE TOBACCO FREE**

**CERTIFICATION OF APPLICATION MATERIALS  
AND AUTHORITY OF RELEASE OF INFORMATION**

I hereby certify, to the best of my knowledge, the answers given within this employment packet are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for immediate dismissal if I am subsequently hired by Maine Veterans' Homes. I agree that my present and previous employers may be contacted for references prior to an employment offer from Maine Veterans' Homes. If employed, I agree to follow the rules and regulations of the company and understand that, if hired, I will be an at-will employee, meaning that my employment may be terminated at any time, with or without cause and without advance notice. I understand the requirements of the job for which I am applying and will be able to successfully perform such requirements with or without reasonable accommodations. I further understand that if hired, I will have no employment contract and any verbal statements to the contrary are void.

Furthermore, I hereby authorize any representative of the Maine Veterans' Homes bearing this release, or a copy thereof, to conduct a background check 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 those entities to release such information upon request from Maine Veterans' Homes.

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 in furnishing 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 any offer of employment with Maine Veterans' Homes is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

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 AND UNDERSTAND THE ABOVE CERTIFICATION OF APPLICATION MATERIALS AND  
AUTHORIZE THE ABOVE RELEASE OF INFORMATION.**

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Full Name (printed or typewritten)

\_\_\_\_\_

Maiden and / or Other Name(s) Used

\_\_\_\_\_

Current Address

\_\_\_\_\_

City, State, Zip