

POSITION FOR WHICH YOU ARE APPLYING:	APPLICATION FOR EMPLOYMENT			For Office Use Only: Date and Time Received	
	Position Number: _____ Title: _____			Accepted By: _____	
Check all that you may be interested in Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call: <input type="checkbox"/>					
Last Name		First Name		Middle Initial	
Current Mailing Address		City	State	Zip	Yrs
Physical Address (if different from above)		City	State	Zip	Yrs
Email address		Cell phone	Home phone	Bus. phone	
Previous Address		City	State	Zip	Yrs
Are you eligible to be lawfully employed in the United States? (Proof of citizenship or immigration status is required upon employment)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different name? If yes, please give that name. <i>Previous Name</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever held a license, registration, certification or another credential under another name? If yes, please give: <i>License Type</i> _____ <i>Name</i> _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Pines Health Services before? <i>Last Date of Employment</i> _____ <i>Name</i> _____ <i>Location</i> _____ <i>Title</i> _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or resigned instead of being terminated from any position? If yes, please give employer, date, and reason. <i>Employer:</i> _____ <i>Date and Reason :</i> _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for Pines? (This information is only used to avoid conflicts of interest arising from inappropriate supervisor/employee relationships involving relatives.) If yes, please complete the following: <i>Name</i> _____ <i>Relationship</i> _____ <i>Department</i> _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

(Do not list previous supervisors or relatives)

Name	Telephone Number	Email

EDUCATION AND TRAINING

Highest Grade Completed (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you hold a High School diploma or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ City/State: _____
--	--	---

COLLEGES AND UNIVERSITIES ATTENDED (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Name and Location of School	Major Courses/Subjects Completed	Credit Hours	Degrees/Diplomas/Certificates Received

RELATED LICENSES

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

OTHER RELATED SKILLS

<input type="checkbox"/> Copier	<input type="checkbox"/> Multi-Phone Line	<input type="checkbox"/> Outlook	<input type="checkbox"/> Excel	<input type="checkbox"/> Other software _____	Languages (other than English) Spoken Written French Y/N Y/N Spanish Y/N Y/N Other Y/N Y/N (specify) _____
<input type="checkbox"/> Fax	Keyboarding _____wpm	<input type="checkbox"/> Access	<input type="checkbox"/> Word	_____	
			<input type="checkbox"/> PowerPoint	_____	

EMPLOYMENT HISTORY

**(Identify all employers for past ten years in reverse chronological order, listing your present or most recent employer first.)
If more space is needed, please attach additional pages.**

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____		

<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
---	----------------	--------------------------------------	------------------

Reason for Leaving

Title of Position Held	Describe job responsibilities in order of importance:
------------------------	---

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____		

<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
---	----------------	--------------------------------------	------------------

Reason for Leaving

Title of Position Held	Describe job responsibilities in order of importance:
------------------------	---

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Describe job responsibilities in order of importance:	
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Starting Wage \$ _____ per _____	Ending Wage \$ _____ per _____		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Describe job responsibilities in order of importance:	



Pines Health Services
PO Box 40, 74 Access Highway
Caribou, ME 04736

ATTESTATIONS AND AUTHORIZATIONS

I declare and attest that my answers to the questions on this Application for Employment, and any statements and information I provide in employment interviews and any related examinations and supplemental submissions, are complete, true and accurate.

I authorize Pines Health Services to investigate and verify all information I have provided in connection with this Application and to secure additional information Pines Health Services deems necessary to determine my eligibility and qualifications for employment.

I understand and acknowledge that neither Pines Health Services' acceptance of this Application, nor a subsequent decision by Pines Health Services to employ me, shall be construed to create an actual or implied contract of employment between Pines Health Services and me.

I understand that applicants selected for hire and made an offer of employment must complete a pre-placement physical before employment. I am aware that the results will be made available to Pines' Human Resources personnel or a duly authorized representative thereof, and that any offer of employment made to me is conditioned on my completing such pre-placement physical exam.

By my signature, I certify, authorize and acknowledge the above statements.

Signature box and Date box

Signature
(Unsigned applications will not be processed)

Date

Pines Health Services is an equal opportunity employer and does not discriminate in employment or its employment practices by race, color, national origin, religion, creed, sex, sexual orientation, veteran status, or any other prohibited classification.