

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
Have you been convicted of a Felony, Misdemeanor, Class A, Class B, Class C or Class D crime in the last 7 years? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>					(Providing false or misleading information will void application or be cause for termination post-hire) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to be lawfully employed in the United States? (Proof of citizenship or immigration status will be 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 other 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 in lieu 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: _____
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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) <table style="width: 100%; border: none;"> <tr> <td></td> <td>Spoken</td> <td>Written</td> </tr> <tr> <td>French</td> <td>Y/N</td> <td>Y/N</td> </tr> <tr> <td>Spanish</td> <td>Y/N</td> <td>Y/N</td> </tr> <tr> <td>Other (specify) _____</td> <td>Y/N</td> <td>Y/N</td> </tr> </table>		Spoken	Written	French	Y/N	Y/N	Spanish	Y/N	Y/N	Other (specify) _____	Y/N	Y/N
	Spoken	Written															
French	Y/N	Y/N															
Spanish	Y/N	Y/N															
Other (specify) _____	Y/N	Y/N															
<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 10 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
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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
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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	
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 understand that any false or misleading statements or information I provide to Pines Health Services on this Application or otherwise may result in disqualification from employment or, if I am hired before Pines Health Services learns of the false or misleading information, immediate termination of employment.

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 authorize Pines Health Services to contact and verify my previous employers and personal references and to inquire as to my employment history, job performance, personal character and integrity, work-related skills, interpersonal skills and appropriateness for employment. I also authorize Pines Health Services to conduct a criminal background check of me, to obtain copies of my motor vehicle records, to verify my personal identity and eligibility for employment, and to verify my licenses and credentials from appropriate licensing and credentialing bodies. I authorize my former employers and, unless I have indicated otherwise on this Application, my current employer(s), to provide to Pines Health Services any information regarding me related to my employment, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information to Pines Health Services in good faith.

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 any employment relationship entered into between Pines Health Services and I shall be an at-will employment relationship unless Pines Health Services and I enter into a written employment agreement that expressly states otherwise. In the event that I am employed by Pines Health Services, I understand that my employment may be terminated at any time without advance notice at the will and sole discretion of Pines Health Services. I understand that any statements to the contrary made to me by any person are void and without effect.

I understand that applicants selected for hire and made an offer of employment must complete a pre-placement physical prior to 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. I understand that Pines Health Services is committed to a drug free workplace to protect the health and safety of our team members and the public and complies with the Federal Drug Free Work Place Act.

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

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Signature

Date

(Unsigned applications will not be processed)

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