

# Adult Family Care Homes of Maine



BRIDGING THE GAP OF ELDERLY INDEPENDENCE

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

Last Name		First Name		Middle Name	
Street Address		City		State/Province Zip/Postal	
Telephone Number(s)			Driver's License		Social Security Number -- --
Position(s) Applied For				Date of Application	
How did you hear about <i>AFCH of Maine</i> ? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Date available to begin work			Desired hourly wage		Availability: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
What shifts are you available to work: <input type="checkbox"/> 6 a.m.-2 p.m. <input type="checkbox"/> 2 p.m.-10 p.m. <input type="checkbox"/> 10 p.m.-6 a.m.			Can you work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

Best time to contact you at home \_\_\_\_ : \_\_\_\_ a.m. / p.m.

Are you 21 years of age?  YES  NO

Have you ever submitted an application with us before?  YES  NO

If yes, give date(s) of previous application (s) \_\_\_\_\_

Do you have any friends or relatives that work for *AFCH of Maine*?  YES  NO

If yes, please state name and the relationship \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your current 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.)*

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### EDUCATION HISTORY

	Name & Address of School	Course of Study	Yrs Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. 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	From	To
Address			
Telephone Number(s)	Hourly Rate / Salary	Started	Final
Starting / Present Job Title			
Supervisor	May we contact this Employer?		
Reason for Leaving	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Employer	Dates Employed	From	To
Address			
Telephone Number(s)	Hourly Rate / Salary	Started	Final
Starting / Present Job Title			
Supervisor	May we contact this Employer?		
Reason for Leaving	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Employer	Dates Employed	From	To
Address			
Telephone Number(s)	Hourly Rate / Salary	Started	Final
Starting / Present Job Title			
Supervisor	May we contact this Employer?		
Reason for Leaving	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Employer	Dates Employed	From	To
Address			
Telephone Number(s)	Hourly Rate / Salary	Started	Final
Starting / Present Job Title			
Supervisor	May we contact this Employer?		
Reason for Leaving	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

### COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT

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### SPECIALIZED SKILLS

<input type="checkbox"/> CNA	<input type="checkbox"/> First Aid	<input type="checkbox"/> Other
<input type="checkbox"/> RCS / PSS	<input type="checkbox"/> CPR	_____
<input type="checkbox"/> CRMA	<input type="checkbox"/> Insulation Injection	_____

## OTHER TRAINING AND INFORMATION

Describe any job-related training you may have:

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Please list any certifications that you presently hold:

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Please state any additional information you feel that will be helpful to us:

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## PERSONAL / PROFESSIONAL REFERENCES

(Please do not include family members or past supervisors.)

Name	Phone Number(s)	Best Time to Call	Occupation
1.			
2.			
3.			
4.			
5.			

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

\_\_\_\_\_  
PRINTED FULL NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DA

# Adult Family Care Homes of Maine

BRIDGING THE GAP OF ELDERLY INDEPENDENCE



The personal information requested below is intended solely for the purpose of verifying information provided by you on an application, resume or during the interview process, and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

**Please attach to this form a copy of Potential Employee Driver's License & Social Security Card.**

Full Name \_\_\_\_\_

FIRST

MIDDLE INITIAL

LAST

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

List all your addresses for the past seven (7) years, starting with the most recent: (Must include present address)

Street Address Apt # City State County Zip Code From To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with any criminal or civil offense (regardless of conviction)  Yes  No

If Yes, please explain: (Use an additional sheet of paper if necessary)

Have you ever been convicted of a crime including Traffic Offense?  Yes  No

If Yes, please explain: (Use an additional sheet of paper if necessary)

In which state, county and year did this (these) conviction(s) occur?

\_\_\_\_\_

Other names you have used, including maiden name(s), and the date(s) your name(s) changed:

Please read the following carefully before signing this form:

*I authorize Adult Family Care Homes of Maine and/or their representative to investigate my background as it pertains to employment, appointment or volunteering considerations. This may include information contained in public records which could include credit history, criminal files at the county, state and federal jurisdiction levels, motor vehicle records and investigations of employment history and performance and educational credentials.*

*I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.*

\_\_\_\_\_  
PRINTED FULL NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE