

**FRYEBURG HEALTH CARE CENTER
APPLICATION FOR EMPLOYMENT**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation, handicap, or veteran status.

Please complete the entire form and sign at completion

PERSONAL INFORMATION:

Last Name First Initial Date

Street Address Home Telephone #

City/Town State Zip Social Security #

Position you are applying for How did you hear of job opening?

Have you ever applied here or at another Hicks Family Services Facility? YES NO

If yes, which facility have you applied or worked at? _____

What shift and hours are you applying for? (Circle all that apply)

7-3 shift 3-11 shift 11-7 shift Other _____

Per Diem Full-time Part-time

How soon can you start work? _____

Will you work overtime if asked? YES NO

Are you able to perform the essentials functions of the job being applied for , including attendance requirements, if provided with reasonable accommodations for disability reasons? YES NO

If yes, please explain: _____

What rate of pay are you expecting? _____

EDUCATION:

Have you obtained a High School diploma? YES NO

If not, do you have a G.E.D. certificate? YES NO

PRIOR EMPLOYMENT: Please list all of the last three jobs you had

_____	_____
Company Name and Address	Telephone Number
_____	_____
Name of your Supervisor	Dates of Employment
_____	_____
Job Title and Description	Rate of Pay

Reason you left this job	

_____	_____
Company Name and Address	Telephone Number
_____	_____
Name of your Supervisor	Dates of Employment
_____	_____
Job Title and Description	Rate of Pay

Reason you left this job	

_____	_____
Company Name and Address	Telephone Number
_____	_____
Name of your Supervisor	Dates of Employment
_____	_____
Job Title and Description	Rate of Pay

Reason you left this job	

Were you fired or asked to leave any of the jobs you listed above? YES NO

If yes, please explain _____

Why do you want to come to work at this facility? _____

What knowledge or personal experience can you bring to this facility to make it better? _____

BACKGROUND INFORMATION:

Are you at least 16 years of age? YES NO

Have you been convicted of, or pled guilty or nolo contendere to a crime?

YES NO

If you answered yes, please provide the approximate date, nature of the offense, location, status and penalty.

Answering "Yes" to this question may not necessarily disqualify you from the position desired. Each action will be weighed/considered in relationship to the position for which you are applying.

Have you ever been sanctioned by either Medicare or Medicaid? YES NO

If you hold a valid license or certification has it ever been suspended or revoked? YES NO

If yes, please explain _____

Have you ever faced disciplinary actions at any former job? YES NO

If yes, please explain _____

Do you hold a valid drivers license? – You are only required to answer this question if your job description requires you transport residents or will be driving facility vehicles.

YES

NO

If yes, from what state, license number, and expiration date: _____

Does your spouse/significant other/partner work for Hicks Family Services? _____

Please list two personal references:

1. _____
Name and Telephone Number

2. _____
Name and Telephone Number

The information contained in this Application For Employment is true, accurate, and complete. If employed, any misstatement or omission of fact on this application may result in immediate dismissal.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. This application is not a contract of employment.

My signature is evidence that I have read and agree with all statements contained in this application.

Applicants Signature

Date

Fryeburg Health Care Center
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