



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: 1st Shift 2nd Shift 3rd Shift Weekends

Salary Range: \$ _____ 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	DEGREE DATE REC.
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 set up in same format as above.

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

Office Use Only: 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. 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 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 Veteran's Homes bearing this release, or a copy thereof, 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 you 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 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

Social Security Number