

AROOSTOOK HOME HEALTH SERVICES
658 MAIN STREET, SUITE 2 • CARIBOU, MAINE 04736
Telephone (207) 492-8290 • Fax (207) 492-8245

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

Telephone Number (_____) _____ Social Security Number: _____

Are you legally qualified to work in the United States? [] Yes [] No

POSITIONS 1. _____ 2. _____

APPLIED FOR: When can you start? _____

WORK HISTORY: May we contact your present employer [] Yes [] No

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm names and supply business references.

1. Employer:	Dates From:	To:
Address:		
Telephone Number:	Job Title:	
Supervisor Name:	Reason For Leaving	
2. Employer:	Dates From:	To:
Address:		
Telephone Number:	Job Title:	
Supervisor Name:	Reason For Leaving	
3. Employer:	Dates From:	To:
Address:		
Telephone Number:	Job Title:	
Supervisor Name:	Reason For Leaving	

Please explain periods of unemployment: _____

EDUCATION	Elementary School	High School	Technical School	College	Other
School Name and location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma/Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

How did you learn of this opening? _____

Have you worked here before? Yes No (If yes, when _____)

Are there any hours or days you cannot or will not work? _____

Have you ever been **convicted of a crime, including felonies and misdemeanors?**

Yes _____ No _____ If yes, please list approximate date, nature of offense, location, status and penalty. _____

OTHER REFERENCES

Name	Address and Telephone Number
1	
2	
3	

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our company? _____

What foreign languages, if any do you speak? _____

Will you accept employment necessitating travel to and from clients homes? Yes No

Do you have a reliable vehicle to travel to work? Yes No

Do you carry liability insurance on your vehicle? Yes No

What amounts of liability insurance do you carry? Liability Amount _____

Property Damage Amount _____ Medical Payments Amount _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that any employment will be on an at-will basis and that my employment may be terminated, with or without cause or notice, at any time, at my option or that of Aroostook Home Health Services. I understand that this employment status can only be changed by a written agreement signed by the Executive Director of Aroostook Home Health Services. I authorize Aroostook Home Health Services to contact any or all of my current and prior employers and references and authorize them to provide all information requested of them by Aroostook Home Health Services and release all persons from all liability for any damage or injury that may result from furnishing such information to AHHS. I authorize the company to verify all information set forth in my application and received during the application process by any and all other means authorized or permitted by law.

I understand that any offer of employment is conditional on a background check and a driver's license check. If extended an offer of employment, I consent to undergo a pre-employment physical examination by a health professional selected by AHHS. I understand that any offer of employment is conditional upon the results of this pre-employment physical.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification. I certify that I have provided truthful and complete responses to all inquiries in the application. Should I be employed by AHHS, I understand that any misrepresentation, falsification, or omission may result in immediate dismissal. If employed by AHHS, I will abide by its rules and regulations, which I understand are subject to change.

Date: _____ Applicant's Signature: _____

AROOSTOOK HOME HEALTH SERVICES

658 Main Street, Suite 2 - Caribou, Maine 04736
Tel: (207) 492-8290 Toll Free: 1-877-688-9977 Fax: (207) 492-8245

CONFIDENTIAL REFERENCE REQUEST

Reference Release of Information

I authorize the references and employers listed on my application to give Aroostook Home Health Services any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the employers and references I have listed, as well as Aroostook Home Health Services, from liability from any damages which may result from furnishing the same to Aroostook Home Health Services.

NAME: _____
Please Print

Signed: _____ Date: _____



Aroostook Home Health Services

Where did you hear about us??

Newspaper? _____

Which one?

St. John Valley Times _____

Aroostook Republican _____

Fort Fairfield Review _____

Coffee News _____

County Crossroads _____

Radio? _____

Which Station?

Q96.1 FM _____

Hot County 96 _____

Oldies 101.7 _____

Channel X _____

Television? _____

Which Station?

Time Warner Cable _____

TV Guide Channel _____

WAGM _____

Internet?

Which Site?

Aroostookjobs.com _____

Jobsonline.com _____

JobsinME.com _____

Employee Referral? _____

Which Employee? _____

Flyer? _____

Location of flyer _____

Organization? _____

Which one?

ASPIRE _____

DHS _____

Career Center _____

Family Investment Center _____

ACAP _____

Other _____

College?

Which one?

UMPI _____

NMTC _____

UMFK _____

Husson _____

Other _____





Aroostook Home Health Services
PRE-EMPLOYMENT SELF IDENTIFICATION FORM

The information requested on this sheet, is for compliance with certain record keeping requirements. Aroostook Home Health Services believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. The Self-Identification Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

Name _____ Date _____

Position applied for _____

Date of Birth _____
Month/Day/Year

Race/Ethnic Origin:

_____ Caucasian

_____ Asian/Pacific Islander

_____ Black

_____ American Indian/Native Alaskan

_____ Hispanic

_____ Other (Please list: _____)

Sex:

_____ Male

_____ Female

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

	<u>Yes</u>	<u>No</u>
Are you a Vietnam Era Veteran?	_____	_____
Disabled Person?	_____	_____
Special Disabled Veteran? (30% or more disability)	_____	_____
Do you have any physical or mental disabilities? (See definitions on next page)	_____	_____

If yes, please explain, using the definitions as a guide: _____

Definitions: "Disabled Individual" Federal regulations define a disabled person as one who (1) has physical or mental impairment which substantially limits one or more of such person's major life activities (2) has a history of such impairment or (3) is regarded as having such an impairment.

"Vietnam Era Veteran" Federal regulations define veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

"Special Disabled Veteran" Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

It is the policy of Aroostook Home Health Services to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, Aroostook Home Health Services is dedicated to taking affirmative action to employ and advance in employment, minorities, women, qualified disabled persons, disabled veterans, and veterans of the Vietnam Era. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, sex, national origin, age, disability, or Vietnam Era veteran status, or other protected basis and all employment decisions are based solely on valid job requirements.

Thank you for taking the time to complete this form. Your assistance is appreciated.

Signature _____ Date _____