

## APPLICATION FOR EMPLOYMENT

Aroostook Home Health Services       Valley Home Health Services  
**658 MAIN STREET, SUITE 2 • CARIBOU, MAINE 04736**  
**Telephone (207) 492-8290 • Fax (207) 492-8245**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street    City    State    Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Mobile 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					

Professional Licenses/Certifications		Date Issued	Number
Type	Organization or State Issued		
Type	Organization or State Issued		

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? \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

**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 the organization. I understand that this employment status can only be changed by a written agreement signed by the Executive Director. I authorize Aroostook Home Health Services/Valley 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/Valley Home Health Services and release all persons from all liability for any damage or injury that may result from furnishing such information to AHHS/VHHS. 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/VHHS. 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/VHHS, I understand that any misrepresentation, falsification, or omission may result in immediate dismissal. If employed by AHHS/VHHS, I will abide by its rules and regulations, which I understand are subject to change.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

# CONFIDENTIAL REFERENCE REQUEST

## Reference Release of Information

I authorize the references and employers listed on my application to give Aroostook Home Health Services/Valley 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/Valley Home Health Services, from liability from any damages which may result from furnishing the same to Aroostook Home Health Services/Valley Home Health Services.

NAME: \_\_\_\_\_  
Please Print

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Aroostook Home Health Services/Valley 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/Valley 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  
 Black  Native Hawaiian or Other Pacific Islander  
 Hispanic  American Indian or Alaska Native  
 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 with 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 in active duty for a period of more than 180 days, any part of which occurred 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/ Valley Home Health Services to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, Aroostook Home Health Services/Valley 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 \_\_\_\_\_

**AUTHORIZATION FOR  
RELEASE OF INFORMATION MAINE CRIMINAL BACKGROUND CHECK  
(MCBC) AND MOTOR VEHICLE DRIVING RECORD**

I, \_\_\_\_\_, hereby authorize the Maine Criminal Background  
(Print your name in full)  
Check/Bureau of Motor Vehicles to release confidential information regarding my background  
record/driving record to Aroostook Home Health Services/Valley Home Health Services.

This information will be used to determine my suitability to provide services to clients that Aroostook Home Health Services serves. I understand my employment will be under the discretion of AHHS if I have failed to divulge any information pertaining to my record occurring prior to ten years. If any criminal convictions have occurred within ten years, I understand my employment will be terminated.

This release can be revoked at any time by writing a letter to Aroostook Home Health Services/Valley Home Health Services stating that I do not wish to have this information released. The only exception to this is the information that has been obtained prior to my revoking the release.

Please list all other names you may have been known by:

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_____ Street, P.O. Box	_____ Social Security #
_____ City, State, Zip Code	_____ Date of Birth
_____ Driver License # & State	_____ Phone #
_____ Applicant Signature	_____ Date
_____ Witness Signature	_____ Date