

**The Pierce House
Farmington Home for Aged People, Inc.
204 Main St
Farmington, Maine 04938**

APPLICATION FOR EMPLOYMENT

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

PLEASE PRINT.

Position(s) applied for	Date of application				
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend				
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative				
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other				
Last name	First name	Middle name			
Address	Number	Street	City	State	Zip
Phone number(s)	Home	Cell	Email	Social Security # (Voluntary)	

Best time to call you at home is: _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? When?		
Have you ever been employed with us before? When?		
Do any of your friends or relatives, other than spouse, work here? Please provide name, relationship, and position.		
Are you currently employed?		
May we contact your present employer?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.)		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if a job requires it?		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator

Last name	First name	Middle name

Date available for work: _____ What is your desired salary range? _____

Are you available to work:

___ Full Time. Shift ___1 ___2 ___3

___ Part Time. ___ Mornings ___ Afternoons ___ Evenings

___ Temporary. Dates available: _____ to _____

EDUCATION

School	Name and address of school	Course of study	Number of years completed	Diploma or degree
High School				
Undergraduate College				
Graduate/ Professional				
Other, please 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		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Phone	Starting	Final	
Starting/Present Job Title	Supervisor		
Reason for leaving	May we contact?	Yes	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator

Last name	First name	Middle name
-----------	------------	-------------

Employer	Dates Employed		Work Performed	
Address	From	To		
Phone	Hourly Rate/Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for leaving	May we contact?		Yes	No

Employer	Dates Employed		Work Performed	
Address	From	To		
Phone	Hourly Rate/Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for leaving	May we contact?		Yes	No

Employer	Dates Employed		Work Performed	
Address	From	To		
Phone	Hourly Rate/Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for leaving	May we contact?		Yes	No

Comments. Include explanation of any gaps in employment.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator

Last name	First name	Middle name

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List any professional, trade, business, or civic activities and offices held.

You may exclude membership which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Additional information.

Other qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

State any additional information you feel may be helpful to us in considering your application. Please include computer/typing, spreadsheet, CRMA, CNA, PSS, cooking, machinery, etc.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ___Yes ___ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator

Last name	First name	Middle name

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone	Best time to call	Occupation
1.			
2.			
3.			

APPLICANT’S STATEMENT

I certify that 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.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of applicant	_____ Date
---------------------------------	---------------

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator