

Fallbrook Woods

Date: _____

· 60 Merrymeeting Drive · Portland, Maine 04103
Phone (207) 878-0788 · Fax (207) 878-7734

Personal Information:

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone: _____ Email: _____

1. Are you 18 years of age or older? Yes No
2. Do you have the right to work in the United States? Yes No
(If hired, you will have to show proof of identity and employment eligibility)
3. Have you ever been employed by Fallbrook Woods before? Yes No
If yes, give dates and position held: _____
4. Can you provide proof of immunization for the following diseases upon employment?

Measles, Mumps, and Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox (Varicella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Influenza	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State law requires all employees working with residents to provide proof of immunization.
5. Do you have any relatives currently working for Fallbrook Woods? Yes No
If yes, please list: _____
6. Have you ever been terminated or forced to resign from any employment? Yes No
If yes, please explain fully:

7. Have you ever been convicted of, had adjunction withheld, pled nolo contendere, or pled guilty to a misdemeanor or felony criminal offense? Yes No
(Falsification or omission of this or any other information on this application is grounds for stopping the application process or, immediate termination (if already hired). A conviction does not automatically disqualify you from employment. The nature of the conviction, how long ago and the position for which you are applying are important.)
If yes, please fully explain: _____

Job Interest:

Position Desired: _____

Date Available: _____

- Will you accept:
- | | | |
|----------------|------------------------------|-----------------------------|
| Temporary work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full-time Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Part-time Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Specify any days or hours you're NOT available to work: _____

How did you learn about this opening?

<input type="checkbox"/> News/Press	<input type="checkbox"/> Website	<input type="checkbox"/> Employee (Please Name): _____
<input type="checkbox"/> Other (Please Specify): _____		

Educational History and Training:

A. List schools attended, starting with MOST RECENT. **B.** Indicate if graduated (YES/NO) **C.** Indicate degree, diploma, or certificate earned if any **D.** Indicate field of study if applicable.

A. School/Location	B. Graduate? Y/N Yes, when? If no, still attending?	C. Degree, Diploma, or Certificate?	D. Field of study
1.			
2.			
3.			

Professional Certificates and Licenses

Type of Certificate or License	Certificate/License Number	Issued by what State	Expiration Date

Have you ever had, or do you currently have pending, any disciplinary action, suspension, or revocation taken by any licensing body or authority? Yes No

If yes, please explain fully: _____

Experience: Beginning with the most recent, list in the following boxes your present and past employment. All spaces MUST be completed. A resume may be used to supplement, not to substitute for, employment information.

For Nursing Applicants: Please note how many residents you typically provided care for in an assignment under the “job duties” section of your employment history.

Previous (or current) Employer, Name: _____ _____	Dates of Employment: start date: _____ end date: _____
Address: _____ _____	Job Duties: _____ _____ _____ _____
Telephone: _____	
Contact Person: _____	
Position Held: _____	
Reason for Leaving: _____ _____ _____	
Please explain any periods of unemployment between this job and previous job: _____ _____ _____	

Previous (or current) Employer, Name: _____ _____	Dates of Employment: start date: _____ end date: _____
Address: _____ _____	Job Duties: _____ _____ _____ _____
Telephone: _____	
Contact Person: _____	
Position Held: _____	
Reason for Leaving: _____ _____ _____	
Please explain any periods of unemployment between this job and previous job: _____ _____ _____	

Experience continued

Previous (or current) Employer, Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Position Held: _____

Reason for Leaving: _____

Please explain any periods of unemployment between this job and previous job: _____

Dates of Employment:

start date: _____

end date: _____

Job Duties: _____

Previous (or current) Employer, Name: _____

Address: _____

Telephone: _____

Contact Person: _____

Position Held: _____

Reason for Leaving: _____

Please explain any periods of unemployment between this job and previous job: _____

Dates of Employment:

start date: _____

end date: _____

Job Duties: _____

Applicant Statement (Please read carefully)

I certify that all the information on this employment application, related employment papers, and all interviews are true and correct. Any misrepresentation by me will be sufficient for cancellation and/or separation from service.

Initials: _____

I understand that just as I am free to resign at any time, Fallbrook Woods reserves the right to terminate my employment at any time with or without cause and without prior notice, I also understand that no representative at Fallbrook Woods other than the president in writing, has authority to enter into any agreement contrary to the foregoing.

Initials: _____

I understand that my employment is contingent upon satisfactory results in the screening and background investigation process, which may include a criminal background and/or abuse registry check, verification of my ability to perform the essential functions.

Initials: _____

I authorize Fallbrook Woods to investigate all references and to secure additional information about me, if job related. I hereby release from liability Fallbrook Woods and its representatives for seeking such information and all other persons or corporations for furnishing such information. I hereby waive any rights or claims I may have whether presently fully developed or not, against Fallbrook Woods, or its agents employers arising out of the release—authorized or unauthorized—of any information received pursuant to or in connection with the handling, processing, investigation of my application for employment. I authorize the release of any employment information about me to future employers.

Initials: _____

If hired, I agree to conform to the policies and procedures of Fallbrook Woods and that the contents of the employee handbook or personnel manuals, as well as the policies and practices, are subject to change or modification by Fallbrook Woods, solely at its discretion without notice. I understand and agree that it is my responsibility to be aware of such changes and modifications.

Initials: _____

I understand that Fallbrook Woods is a drug-free workplace and it may require individuals who complete the initial employment screening process to submit to a drug screening program, which may include taking of urine and/or blood samples, and reserves the right to require that all employees submit to drug and alcohol testing during the course of their employment. I agree to consent to any applicable drug or physical examination and other employment-related test and further agree to hold Fallbrook Woods harmless for any claims resulting from such screening and testing for drug and/or alcohol use.

Initials: _____

I understand that Fallbrook Woods is an Equal Opportunity Employer and does not discriminate in employment regardless of race, color, sex, religion, national origin, age, handicap, disability, marital status, or any other classification protected by law and that no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by State or Federal law. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact my Department Supervisor or the head of Human Resources immediately to obtain assistance in the resolution of such matters.

Initials: _____

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment understanding these conditions and of my own free will and in accordance with my own judgment.

Initials: _____

Signature of the Applicant: _____

Date: _____

THIS SECTION TO BE FILLED OUT BY HUMAN RESOURCES STAFF ONLY

- Application Not Complete—Not considered
- No applicable vacancies at this time
- Interview process closed
- Hold for future consideration

- Interviewed, another candidate chosen
- Other: _____

Application re-activated: ____/____/____ for _____ position

Human Resource Comments: _____

An Equal Opportunity Employer



Date: _____

Background Release

I, _____, give permission for Fallbrook Woods to do a criminal background
(Print Name)
check on myself.

My birthdate is ____/____/____.

The last four digits of my Social Security Number are: _____

Other names I have gone by: (ie: Maiden name, alias etc)

Signature

Date