



**WORK REFERENCES:**

**\*\*\*Please list below present and past employers, beginning with your most recent.**

Name and Address of Company:	From:	To:	Hourly Wage:	Reason For Leaving:
	___/___	___/___	\$	
Type of Business:				
Telephone:				
Supervisor:				

Please list your job title & include a brief description of the work you did:

Name and Address of Company:	From:	To:	Hourly Wage:	Reason For Leaving:
	___/___	___/___	\$	
Type of Business:				
Telephone:				
Supervisor:				

Please list your job title & include a brief description of the work you did:

Name and Address of Company:	From:	To:	Hourly Wage:	Reason For Leaving:
	___/___	___/___	\$	
Type of Business:				
Telephone:				
Supervisor:				

Please list your job title & include a brief description of the work you did:

---

**PLEASE LIST THREE PERSONAL REFERENCES: (Do not use former employers or relatives)**

Name/Occupation	Address	Phone Number
1.		
2.		
3.		

*I authorize Island Nursing Home to contact the above listed employers and personal references, as well as conduct a thorough reference and background check, which may include a credit check, driver's license check and criminal record check. I understand that employment is contingent upon reference checks.*

**\*C.N.A. applicants please note:** The Department of Human Services requires a pre-employment check with the State Certified Nursing Registry.

---

Applicant Signature

---

Date

**DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position of which you are applying, the requested information is needed for a legally permissible reason. This includes, without limitation, national security requirements; affirmative action; a bona fide occupational qualification; or business necessity.**

It is the policy of this facility to base all employment decisions and personnel actions in all job titles without discrimination according to race, color, creed, religion, sex, national origin, age, disability, veteran status, ancestry, marital status, parental status, sexual orientation, or participation in union activities.

---

{ } Are you eligible to be bonded? \_\_\_\_\_

{ √ } Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years, which has not been annulled or expunged or sealed by a court? \_\_\_\_\_  
If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_

\*Conviction of a crime will not be an absolute bar to employment.

{ } Have you ever been sanctioned/excluded from a Medicare or Mainecare (Medicaid) program? \_\_\_\_\_  
If so, have you been reinstated or are you eligible for reinstatement? \_\_\_\_\_

{ √ } You have been given a written job description listing the job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position to which you have applied? \_\_\_\_\_  
If no, list the function(s) you are unable to perform and please explain why you are unable to perform them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**\*\*I understand, if I am offered a position at Island Nursing Home, that due to state regulations, I will be required to provide proof of immunizations against Measles, Mumps, Rubella and Chicken Pox if I was born after 1956.**

---

**PLEASE READ AND SIGN BELOW**

- I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by INH and to release INH, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).
- The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in dismissal. I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any or no reason.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*\*For Island Nursing Home Use Only*

## **C.N.A. REGISTRY TELEPHONE VERIFICATION**

Name of C.N.A. \_\_\_\_\_

C.N.A. Registry Contact person: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

C.N.A. Certification good through: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **C.N.A. Status**

- In good standing
- Not on C.N.A. registry - \*Last date C.N.A. can work \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Certification Expired – needs C.N.A. testing
- Out of state certification – needs Bridge Course – State of Maine requirements

**\*C.N.A.'s not registered have 4 months to meet the requirements to get themselves on the registry.**

---

Director of Nursing or Benefits/Employee Relations Manager Signature

## ***CONFIDENTIAL INQUIRY***

We would appreciate your completing the following questionnaire regarding \_\_\_\_\_  
who is applying for a position with our company, and has:

\_\_\_\_\_ Indicated prior experience in your employ. Dates: \_\_\_\_\_

\_\_\_\_\_ Been a student under your supervision. Dates: \_\_\_\_\_

\_\_\_\_\_ Given your name as a character reference.

In order for us to expedite our decision, a reply at your earliest convenience would be appreciated. THE ABOVE NAMED APPLICANT HAS AUTHORIZED US TO REQUEST THIS INFORMATION BY HIS/HER SIGNATURE BELOW. A decision regarding this candidate is contingent upon your reply. Your response will be treated in a most confidential manner. Thank you for your assistance.

---

Employed From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Would you rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_  
Ability to accept criticism: \_\_\_\_\_ Attendance: \_\_\_\_\_  
Dependability: \_\_\_\_\_  
Quality of work: \_\_\_\_\_ Quantity of work: \_\_\_\_\_  
Initiative: \_\_\_\_\_ Leadership Ability: \_\_\_\_\_  
Ability to work with co-workers: \_\_\_\_\_  
Ability to work with supervisors: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

---

### **APPLICANT'S AUTHORIZATION**

\*I hereby authorize the addressed individual, company or institution to furnish Island Nursing Home with any information they may have concerning me, which they have on record or otherwise, and hereby release all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. I understand that this information is being released in confidence and will not be shared with me.

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_