

Dear Applicant,

Thank you for your interest in a position here at Presque Isle Rehab & Nursing Center. Please fill out the following application and return it to:

Presque Isle Rehab & Nursing Center
162 Academy Street
Presque Isle Me 04769

Or you may fax or email the application to:

207-764-7327 or Office@pirnc.com

Make sure to put the position you are applying for on your application so that it will be forwarded to the department you are requesting a position for. (example: housekeeping, nursing, laundry, maintenance, dietary).

Sincerely,

Receptionist/Accounts Clerk
Presque Isle Rehab & Nursing Center

PRESQUE ISLE REHAB and NURSING CENTER

162 Academy Street * Presque Isle, Maine 04769

FAX (207) 764-7327 OR EMAIL OFFICE@PIRNC.COM

EMPLOYMENT APPLICATION

NAME: _____ SS# _____ DATE _____
LAST FIRST MIDDLE INITIAL

STREET ADDRESS: _____ MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____ HOME TELEPHONE # _____

CELL PHONE # _____

ARE YOU ELIGIBLE TO BE LAWFULLY EMPLOYED IN THE U.S.? YES NO

(Proof of citizenship or eligibility to work in the USA is required upon employment).

POSITION DESIRED: _____ SALARY DESIRED: _____

DO YOU DESIRE: FULL TIME (30-40 hrs. week) PART TIME (16-29 hrs. week) CASUAL PART TIME (0-15 hrs. week)

SHIFT(S) DESIRED: _____ OR _____ DATE YOU CAN START: _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? _____ IF YES, WHAT ARE THEY? _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? YES NO IF SO, THEN WHOM? _____
RELATIONSHIP _____

SINCE WE OPERATE 7 DAYS PER WEEK, DO YOU HAVE A PROBLEM WITH WORKING WEEKENDS? YES NO

REGULATIONS REQUIRE WE OBTAIN A BACKGROUND CHECK FOR ALL EMPLOYEES. TO DO SO WE NEED

YOUR DATE OF BIRTH _____ AND MAIDEN OR OTHER NAMES YOU HAVE USED _____

All applicants who are offered employment with the Presque Isle Rehab & Nursing Center will be subject to criminal background checks. Answering "YES" to these questions does not constitute an automatic bar to employment.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR IS THERE CRIMINAL ACTION CURRENTLY PENDING AGAINST YOU YES NO IF YES, PLEASE LIST APPROXIMATE DATE, NATURE OF OFFENSE, LOCATION, STATUS AND PENALTY.

ARE YOU CURRENTLY SANCTIONED (DENIED) FROM PARTICIPATION IN MEDICARE OR MEDICAID PROGRAMS?

YES NO

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE THAT WOULD PRECLUDE YOUR EMPLOYMENT IN A NURSING FACILITY? YES NO

HAVE YOU EVER BEEN DISCIPLINED BY A LICENSING BOARD? YES NO

HAVE YOU EVER BEEN DISCIPLINED FOR OR HAD ANY ATTENDANCE PROBLEMS IN YOUR PRIOR JOB(S)

YES NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCIPLINED FOR OTHER REASONS OR HAD ANY SAFETY PROBLEMS IN YOUR PRIOR JOB(S)? YES NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN EMPLOYED BY PRESQUE ISLE REHAB & NURSING CENTER, CARIBOU REHAB & NURSING CENTER, LEISURE GARDENS/VILLAGE OR PRESQUE ISLE HOME CARE? YES NO

*****All Applicants who are offered Employment with Presque Isle Rehab & Nursing Center will be subject to a fitness assessment. Employment is conditional upon the results of the fitness assessment.**

PLEASE LIST PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS YOU HAVE:

EDUCATION (MOST RECENT FIRST):

Name of Schools or Colleges Major Subject Did you graduate? Diploma/Degree

IN CASE OF AN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____
NAME
 PHONE: _____ ADDRESS: _____

REFERRAL SOURCE: Advertising Friend Relative Presque Isle Rehab and Nursing Center Web site
 Other on-line service Presque Isle Rehab and Nursing Center employee: _____
(Name)

MAY WE MAKE INQUIRIES OF YOUR PRESENT EMPLOYER? YES NO

IF PRIOR EMPLOYERS KNOW YOU UNDER A DIFFERENT LAST NAME, PLEASE SPECIFY: _____

PAST EMPLOYERS WILL BE CONTACTED FOR WORK REFERENCES UNLESS SPECIFICALLY REQUESTED OTHERWISE BY THE APPLICANT.

Present or Last Employer	Telephone Number	From			To		
		Mo	Day	Year	Mo	Day	Year
Complete Address:							
Your Title:		Last Weekly Pay:					
Duties:		Hour Per Week:					
Number and Titles of Employees you supervised:		Supervisors Name & Title:					
Reason for Leaving:							

Employer #2	Telephone Number	From			To		
		Mo	Day	Year	Mo	Day	Year
Complete Address:							
Your Title:		Last Weekly Pay:					
Duties:		Hour Per Week:					
Number and Titles of Employees you supervised:		Supervisors Name & Title:					
Reason for Leaving:							

Employer #3	Telephone Number	From			To		
		Mo	Day	Year	Mo	Day	Year
Complete Address:							
		Last Weekly Pay:					
Your Title:		Hour Per Week:					
Duties:		Supervisors Name & Title:					
Number and Titles of Employees you supervised:							
Reason for Leaving:							

Employer #4	Telephone Number	From			To		
		Mo	Day	Year	Mo	Day	Year
Complete Address:							
		Last Weekly Pay:					
Your Title:		Hour Per Week:					
Duties:		Supervisors Name & Title:					
Number and Titles of Employees you supervised:							
Reason for Leaving:							

If additional space is needed to list employers, please use additional sheets and set up in same format as above.

Note information not covered elsewhere which relates to your qualifications or eligibility for this position:

ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT WITH THE PRESQUE ISLE REHAB AND NURSING CENTER WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK AND A JOB-RELATED PHYSICAL EXAM. EMPLOYMENT IS CONDITIONED ON THE RESULTS OF THE BACKGROUND CHECK AND SUCCESSFUL PASSAGE OF THE PHYSICAL EXAM.

I, the undersigned, authorize the Presque Isle Rehab and Nursing Center to contact references, employers, schools, persons, law enforcement agencies and any other sources of information which may be relevant to my application for employment, and to investigate all statements contained in this application. I recognize that the information provided by such sources of information may result in a decision not to hire me or to terminate my employment. Further, I release from all liability or responsibility all persons, companies or corporations supplying such information. I affirm that the information in this application is true and complete. I understand that if I provide false statements or make omissions of facts called for on this application I will not be hired, and if I am employed, such false statements or omissions will be cause for dismissal. I understand that any employment I am offered at the Presque Isle Rehab and Nursing Center is at-will. This means that I will be free to terminate my employment, within my discretion, at any time. The Presque Isle Rehab and Nursing Center will have the same right, within its discretion, to terminate my employment, with or without cause, at any time. I expressly agree and understand that this at-will employment may be changed only by an agreement in writing signed by the President of the company.

IF I ACCEPT A JOB WITH THE PRESQUE ISLE REHAB AND NURSING CENTER, I WILL FOLLOW ITS RULES, POLICIES AND PROCEDURES.

I HAVE READ, UNDERSTAND AND AGREE TO THE PROVISIONS OF THIS APPLICATION.

DATE: _____ **SIGNATURE:** _____

PRESQUE ISLE REHAB and NURSING CENTER IS AN EQUAL OPPORTUNITY EMPLOYER AND IS PLEDGED TO FULFILL ALL APPLICABLE PROVISIONS OF FEDERAL AND STATE EMPLOYMENT REGULATIONS. ACCORDINGLY, THERE IS NO DISCRIMINATION IN HIRING OR WITH REGARD TO ANY OTHER TERMS AND CONDITIONS OF EMPLOYMENT DUE TO SEX, SEXUAL ORIENTATION, AGE, RACE, PHYSICAL OR MENTAL HANDICAP, RELIGION OR NATIONAL ORIGIN.



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and **State of Issue:**

Notice to the Applicant / Employee

This employer has offered you a job contingent upon a clear background check. The employer requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or childcare services, and state maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to investigate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S.A. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any employer subject to 22 M.R.S.A. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S.A. Ch. 1691.

Authorization and Release by the Applicant / Employee

Please Initial Each Line

	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

Acknowledgements of the Applicant / Employee

Please Initial Each Line

	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S.A. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S.A. Ch. 1691 as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

****Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record is subject to civil and criminal penalties.**

Signature of Applicant or Employee

Date

Signature of Legal Guardian*

Date

*A legal guardian must sign this form if the applicant or employee is a minor.

****WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.