



# Healing Spirit Healthcare LLC

278 Main Street  
Old Town, Me, 04468  
Tel: 207-817-0064  
Fax: 207-817-0066

## APPLICATION FOR EMPLOYMENT

Position Applied for: PSS   
CRMA   
OTHER

POSITION TITLE: \_\_\_\_\_

How did you learn about us?

Advertisement   
Friend   
Other

Web   
Relative

Employment Agency   
Walk-In

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. False information given or implied on this application form is grounds for immediate dismissal without further notice.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes, but is not limited to, the Maine State Board of Nursing, the Regulatory Licensing & Permitting registry (formerly the Certified Nurses Assistant Registry), and State Bureau of Investigation.

I do hereby authorize all my previous employers or references to furnish any information concerning my personal, character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

This application for employment shall be considered active for a period of time not to exceed 45 days (but will be retained for one year). 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 an "at will" nature, which means that the employee may resign 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.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Healing Spirit Healthcare, LLC reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

(Please note: All information given in this application is obtained on a voluntary basis and is strictly confidential.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec No: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

List Other Names/Last Names Known by (including nicknames: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed an application with us before? Yes No When? \_\_\_\_\_

Are you currently employed? Yes No May we contact your current employer? Yes No

Please provide current employer's complete information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Are you a veteran? Yes No

Do you have any limitations or requirements regarding how many hours per day/week/month you *can* or *must* work?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical injuries, limitations or restrictions you would like us to consider when placing you on assignment? \_\_\_\_\_  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in the Country because of Visa or Immigration Status?  
\_\_\_\_\_

Please list all current certificates/licenses: \_\_\_\_\_  
\_\_\_\_\_

Have you had PSS/PCA Training? Yes No When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had CRMA Training? Yes No When? \_\_\_\_\_ Expiration: \_\_\_\_\_

Please list all other related certifications and/or licenses: \_\_\_\_\_

Are certificates/licenses issued in the State of Maine? Yes No

**PLEASE PROVIDE COPY OF CERTIFICATES/LICENSES WHEN SUBMITTING APPLICATION.**

On what date would you be available for work? \_\_\_\_\_

Please indicate the shifts and times you are available to work:

Full Time	_____	Days	_____
Part Time	_____	Evenings	_____
Per-diem	_____	Nights	_____
Shift Work	_____	Weekends	_____
		Holiday	_____

DAY	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
A.M Hours	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	To:	To:	To:	To:
P.M. Hours	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	To:	To:	To:	To:

Are you currently on "lay-off" status and subject to recall? Yes No

Do you currently have a vehicle of your own? Yes No

Can you travel if a job requires it? Yes No How far are you willing to travel? \_\_\_\_\_

**(Any applicant found to be less than truthful when answering the following 3 questions will automatically be disqualified as a candidate for employment.)**

Have you ever been convicted of a crime? Yes No

If yes, please list all charges, convictions, and dispositions:

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Have you been found guilty of abusing, neglecting or mistreating patients and/or residents by a court of law?  
Yes No If yes, explain: \_\_\_\_\_

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## REFERENCES

Please list (4) references. At least (3) should be job-related (previous supervisor, co-worker etc). Please do not list immediate family members as a reference, unless you have a significant reason for doing so (i.e. worked in family owned business for several years).

Name:	Relationship:
Address:	
Company:	Job Title:
Phone No:	Alt. Phone:
Years Known:	
How Does This Person Know You?:	

Name:	Relationship:
Address:	
Company:	Job Title:
Phone No:	Alt. Phone:
Years Known:	
How Does This Person Know You?:	

Name:	Relationship:
Address:	
Company:	Job Title:
Phone No:	Alt. Phone:
Years Known:	
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Name:	Relationship:
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