

ElderCare Network of Lincoln County

PO Box 652

Damariscotta, ME 04543

PLEASE RETURN COMPLETED EMPLOYMENT APPLICATION TO ABOVE ADDRESS

Application may be used for any of the 7 homes: Hodgdon Green, Boothbay Green, Wiscasset Green, Waldoboro Green, Jefferson Green, Round Pond Green, Edgecomb Green

PERSONAL:

Name _____ Date _____

Address _____

Phone Number (days) _____ Evening _____

Social Security Number _____

Are you authorized to work for wages in the United States? Yes No

How did you learn about the ElderCare Network of Lincoln County? _____

Referral Source: Maine Job Service _____ Ad (which publication?) _____

none (walk in) _____ current staff member (name) _____

other (please explain) _____

POSITION DESIRED:

Full Time _____ Part Time _____ hrs./week _____ Temp. work from _____ to _____

Check shift preference day _____ evening _____ night _____ No preference, I'm available any shift _____

2nd choice none _____ day _____ evening _____ night _____

Indicate all days you would be available for work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

EDUCATION:

Name of school and location _____ dates attended _____ degree/certificate recv'd _____

High School _____

CNA _____

CRMA _____

College _____

Nursing _____

Other Education: (seminars, training, courses, in-services, etc.) _____

Language:

Do you speak languages other than English? Yes No

If yes, do you speak fluently? _____ enough to get by _____ only a few words _____

LICENSURE:

Type of license/certification	State	Number	Expiration Date
Driver's License _____	_____	_____	_____
CRMA _____	_____	_____	_____
CNA _____	_____	_____	_____

SKILLS:

Review each column and check all items in which you have training and/or experience.

<input type="checkbox"/> Employee Supervision	<input type="checkbox"/> CRMA	<input type="checkbox"/> Financial Statements
<input type="checkbox"/> Shift Leader	<input type="checkbox"/> Insulin Administration	<input type="checkbox"/> Cost Reporting
<input type="checkbox"/> Teaching/Training	<input type="checkbox"/> Reality Orientation	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Vital Signs	<input type="checkbox"/> Psychosocial Rehabilitation	<input type="checkbox"/> Data Processing
<input type="checkbox"/> Activity Programming	<input type="checkbox"/> Word Processing	<input type="checkbox"/> CPR
<input type="checkbox"/> Charting/Progress Notes	<input type="checkbox"/> Computers	<input type="checkbox"/> Transfer Techniques
<input type="checkbox"/> Care Plans	<input type="checkbox"/> Ambulation Techniques	<input type="checkbox"/> Range of Motion
<input type="checkbox"/> Payroll	<input type="checkbox"/> Typing ___ WPM	<input type="checkbox"/> Calculator
<input type="checkbox"/> Bathing Techniques	<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Fax Machine
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> cooking/baking	<input type="checkbox"/> transport to appointments

WORK EXPERIENCE:

List most recent employer first. You may list volunteer experience and put N/A in the salary space.

1. Employer _____ Address _____
 Dates employed _____ Job title _____
 Supervisor's name and title _____ phone # _____
 Salary _____ Reason for Leaving _____
 May we contact for a reference? _____ yes _____ no If no, explain _____

2. Employer _____ Address _____
 Dates employed _____ job title _____
 Supervisor's name and title _____ phone # _____
 Salary _____ Reason for leaving _____
 May we contact for a reference? _____ yes _____ no If no, explain _____

3. Employer _____ Address _____
 Dates employed _____ job title _____
 Supervisor's name and title _____ phone # _____
 Salary _____ Reason for leaving _____
 May we contact for a reference? _____ yes _____ no If no, explain _____

4. Employer _____ Address _____
 Dates employed _____ job title _____
 Supervisor's name and title _____ phone # _____
 Salary _____ Reason for leaving _____
 May we contact for a reference? _____ yes _____ no If no, explain _____

Have you been convicted of a criminal offense in the last 7 years? _____ yes _____ no
 If yes, state the nature of the conviction _____
 Date of conviction _____ Status of probation _____

REFERENCES:

Please provide 3 references (unless you have listed 3 above)

Name	Address	Relationship	Phone
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NARRATIVE:

Briefly explain why you are interested in working at ElderCare Network and how you feel about working with seniors:

Signature _____ Date _____