

# ElderCare Network of Lincoln County

PO Box 652

Damariscotta, ME 04543

**PLEASE RETURN COMPLETED EMPLOYMENT APPLICATION TO ABOVE ADDRESS**

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## PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (days) \_\_\_\_\_ Evening \_\_\_\_\_

Are you authorized to work for 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) \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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.) \_\_\_\_\_

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## Language:

Do you speak languages other than English?    Yes \_\_\_ No \_\_\_    What language(s) \_\_\_\_\_

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

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**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.

**Office**

- \_\_\_ Bookkeeping
- \_\_\_ Calculator
- \_\_\_ Computers
- \_\_\_ Copy Machine
- \_\_\_ Cost Reporting
- \_\_\_ Data Processing
- \_\_\_ Financial
- \_\_\_ Payroll
- \_\_\_ Typing WPM \_\_\_
- \_\_\_ Word Processing

**Supervision**

- \_\_\_ Employee Supervision
- \_\_\_ Psychosocial Rehabilitation
- \_\_\_ Shift Leader
- \_\_\_ Teaching/Training

**Caregiving**

- \_\_\_ Activity Programming
- \_\_\_ Ambulation Techniques
- \_\_\_ Bathing Techniques
- \_\_\_ Care Plans
- \_\_\_ Charting
- \_\_\_ Cooking/Baking
- \_\_\_ CPR
- \_\_\_ CRMA

- \_\_\_ Insulin Administration
- \_\_\_ Range of Motion
- \_\_\_ Reality Orientation
- \_\_\_ Transfer Techniques
- \_\_\_ Transportation to appointments
- \_\_\_ Vital signs

**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? \_\_\_\_\_ 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? \_\_\_\_\_ 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? \_\_\_\_\_ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NARRATIVE:**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_