



**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Have you applied for employment with us before?  YES  NO If yes, when? \_\_\_\_\_

Have you ever worked with us before?  YES  NO If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States?  YES  NO

List any other **names** under which you have been employed: \_\_\_\_\_

List all other **states** in which you have lived or worked: \_\_\_\_\_

**DESIRED POSITION/DEPARTMENT**

- Direct Support Professional     Rehabilitation Technician     Case Management     RN     IT
- Clinical/Social Work     Finance     Administrative     Human Resources
- Supervisor/Management Positions     Maintenance     Other (please describe) \_\_\_\_\_

**How did you hear about employment at OHI?**

- Indeed     Social Media     OHI Website     Radio     TV     Newspaper     Career Fair     Employment Agency
- College Job Board     Career Fair     Relative     Friend     Current OHI Employee     Former OHI Employee

If you were referred by an employee, please list their name: \_\_\_\_\_

**EDUCATION**

Name & Location of School	Course of Study	# Years Completed	Did you graduate?	Diploma/Degree
High School				
College				
College				
Other				

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**CERTIFICATIONS/TRAINING/EXPERIENCE:** *Please check all that apply.*

\_\_\_ CPR/First Aid \_\_\_ DSP \_\_\_ CRMA \_\_\_ PACT/MANDT/CPI \_\_\_ MHRT-1 \_\_\_ MHRT/C \_\_\_ BHP \_\_\_ ED TECH  
 \_\_\_ CNA \_\_\_ PSS \_\_\_ LSW \_\_\_ LADC \_\_\_ RN \_\_\_ LCSW Other: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever been disciplined, discharged, or asked to resign from a position? \_\_\_YES \_\_\_NO

Have you ever resigned from a position after a complaint had been received against you, or your conduct was under investigation or review? \_\_\_YES \_\_\_NO

YES  NO Are you now or have you ever been excluded from participating in Medicaid and/or Medicare?  
 If yes, explain. Provide reinstatement letter if exclusion has expired.

Have you ever been convicted of:

- A. Any criminal conviction that involves abuse, neglect, or exploitation; \_\_\_YES \_\_\_NO
- B. Any criminal conviction in connection to intentional or knowing conduct that cause, threatened, solicited, or created the substantial risk of bodily injurt to another person; \_\_\_YES \_\_\_NO
- C. Any criminal conviction in connection to a sexual act, contact, touching, or soliciation in connection to any victim; \_\_\_YES \_\_\_NO
- D. Any criminal conviction, classified as Class A, B, or C or the equivalent of any of these, or any reckless conduct that caused, threatened, solicited, or created the substantial risk of bodily injury to another person within the preceding two (2) years; \_\_\_YES \_\_\_NO
- E. A habitual offender status under 29-A, M.R.S. §2551-A. \_\_\_YES \_\_\_NO

If you answered 'YES' to any of the above questions, please briefly explain the circumstances below. Thank you.

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Which statements best describe your Driver's License status:

- \_\_\_\_\_ I have a valid Maine Driver's License.
- \_\_\_\_\_ I have an out of state Driver's License, and \_\_\_I plan or \_\_\_I do not plan to change to a Maine Driver's License.
- \_\_\_\_\_ I have had a Driver's License for \_\_\_ more than 2 years; \_\_\_ less than 2 years.
- \_\_\_\_\_ My license is currently under suspension.
- \_\_\_\_\_ I have never been a licensed driver.

Have you ever been substantiated for abuse, neglect, exploitation, or rights violations by the State of Maine Adult Protective Services, Child Protective Services, and/or the Department of Health and Human Services against another individual?

YES  NO If yes, please list the approximate date(s) and nature of offense(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

OHI requires all applicants complete the Employment History section of this Application for Employment **EVEN IF YOU HAVE PROVIDED US WITH A RESUME**. Start with present or most recent employer. Please account for ALL employment in chronological order, no matter how short in duration. Attach an extra sheet of paper, if necessary. Please assure you provide current telephone numbers and names of supervisors and contact persons.

Company \_\_\_\_\_

Phone \_\_\_\_\_ City/State \_\_\_\_\_

Employment Dates (Month/Year): \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title and Description of Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ City/State \_\_\_\_\_

Employment Dates (Month/Year): \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title and Description of Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ City/State \_\_\_\_\_

Employment Dates (Month/Year): \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title and Description of Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ City/State \_\_\_\_\_

Employment Dates (Month/Year): \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title and Description of Responsibilities: \_\_\_\_\_

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**REFERENCES**

Name	Relationship	Phone Number	Email

**PARTIAL CONDITIONS OF EMPLOYMENT**

I UNDERSTAND AND AGREE THAT:

It is my understanding that OHI may make a thorough review of my experience and education and may verify all application and/or oral interview materials. I authorize such review and the giving and receiving of any information requested by OHI. I release from liability any person giving or receiving such information. Falsification, misrepresentation, or omission of facts so given, or other derogatory information discovered as a result of this review may prevent my being hired, or if hired, may subject me to immediate dismissal.

Although OHI makes every effort to accommodate employee's preferences, the needs of persons supported by OHI may, at times, make the following conditions mandatory: overtime, shift work, holidays, a rotating schedule, and/or a work schedule or location other than for which I may have been hired. I understand and accept these conditions of my future or continuing employment. I further understand that if I am employed, I am employed for an indefinite period of time (at-will) and OHI may change wages, benefits, and conditions of my employment at any time.

In consideration for my employment and my being considered for employment by OHI, I agree to follow the policies, rules, practices, trainings, and regulations of OHI, and acknowledge that these policies, rules, practices, and regulations may be changed, interpreted, withdrawn, or added to by OHI, at any time, at its discretion, and without any prior notice to me. I further acknowledge that my employment may be ended, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, for any reason at the option of myself or OHI. I will notify OHI of any future arrest, summons or conviction of any crime while this application is pending.

I understand that representatives of OHI do not have the authority to enter into any agreement for employment for any specified period of time. Further, no representative of OHI may guarantee other personnel moves either prior to commencement of employment or after I have become employed. Assurances of any benefits or terms and conditions of employment, or any agreement contrary to the foregoing, may not be entered into.

OHI reserves the right due to policies, procedures, regulations and state and federal laws to complete criminal record, FBI checks, child protective, motor vehicle, and other eligibility for employment checks on all applications and employees. I understand and am willing as part of my position at OHI, to use my personal vehicle to transport people with disabilities to activities in the community and for other reasons.

I understand that the position I am applying for may involve implementing crisis prevention and intervention services which may include lifting up to ¼ of my body weight and guiding persons with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities of the position for which I am applying with or without reasonable accommodation.

I understand that my application will remain active until a hiring decision is made. I have read, had the opportunity to ask questions, and understand the above. My signature acknowledges that the answers I have provided are true and complete.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Prospective employees shall receive consideration without discrimination because of age, race, color, sex, sexual orientation, religion, national origin, disability, genetic information, and/or Veteran's status.

**I grant permission for OHI to contact the references (both personal and professional) I provided above. I understand that I may be asked to provide further references if needed.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_