



One Washington Street
Bath, ME 04530
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APPLICATION FOR EMPLOYMENT

Name:

Date:

Address:

Phone No.:

Email:

Emergency Contact:

Relationship to you:

Phone No.:

Email:

Position applying for:

Referral source:

Are you over 18? Y N

Have you worked at PMH before? Y N

If yes, which department?

Are you a US Citizen? Y N

If no, do you have the right to work and remain permanently in the US? Y N

Do you have physical or mental limitations that could affect your ability to perform the job you are applying for? Y N

If yes, please elaborate:

Do you have relatives employed at PMH? Y N

Name	Department	Relationship
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Employment History

Please list all jobs, activities, part-time employment while in school, self-employment and volunteer work. Briefly explain periods of unemployment. Exclude organization names that indicate race, color, religion, sex, or national origin. List your present or most recent position first.

Employer:

Phone No.:

Address:

Name of Supervisor:

Dates of Employment:

Rate of Pay:

Your position:

Job duties:

Reason for leaving:

May we contact this employer? Y N

Employer:

Phone No.:

Address:

Name of Supervisor:

Dates of Employment:

Rate of Pay:

Your position:

Job duties:

Reason for leaving:

May we contact this employer? Y N

Employer:

Phone No.:

Address:

Name of Supervisor:

Dates of Employment:

Rate of Pay:

Your position:

Job duties:

Reason for leaving:

May we contact this employer? Y N

Education Background

Highest level of education completed: Grade school High school College
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5

High School/GED

School name: _____ Completion status: _____

Dates attended: _____

Address: _____

College

School name: _____ Completion status: _____

Dates attended: _____

Address: _____

Degree/Certificate Received: _____

College

School name: _____ Completion status: _____

Dates attended: _____

Address: _____

Degree/Certificate Received: _____

US Military

Did you serve in the US Military? Y N Date of service: _____

Highest rank held: _____

Describe duties performed: _____

Conviction Record

Have you ever been convicted (including convictions now on appeal) by any law enforcement authorities for any violation of any law, regulation or ordinance, including court-martial while in the military, in the last seven (7) years? **DO NOT INCLUDE** any convictions occurring before your 16th birthday or traffic violations for which the only penalty imposed was a fine of \$50 or less.

Print your answer (either "yes" or "no") in the space provided: _____
If yes, explain below:

<u>Offense</u>	<u>Date</u>	<u>Town/City, State</u>	<u>Final Action</u>

Applicant's Certification and Agreement

I certify that all the statements made and information provided in this statement are true to the best of my knowledge. I understand that any misrepresentation of information herein as omission of a material fact may be cause for discharge. I voluntarily grant the Plant Memorial Home the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation, and release from liability or responsibility all persons, companies, or corporations supplying such information. I understand that the first ninety days of employment represent a probationary period, during which I may leave or be asked to leave without cause being given. I expressly agree that I will conform to the Plant Memorial Home's rules and regulations and will be subject to other conditions the Plant Memorial Home may adopt. I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. If employed, I understand that I will be required to complete an Employment Eligibility Verification Form I-9. I have read, understand and agree to the provisions of this application.

Applicant's Signature: _____

Date: _____

Authorization for Release of Information

I, _____, (print name) authorize the Plant Memorial Home to conduct a background check. I understand that such a background check may include a criminal record search, verification of prior employment, a reference check and/or other reasonable inquiries. I authorize PMH to contact any of the persons whose names I have referenced in my employment application for the purpose of verifying either my employment history or any other information that I have supplied. I understand that the information released is for the use of the Plant Memorial Home in consideration of my employment. By signing below, I certify that I have read and understand the above authorization.

Full Name:

Date:

Other names used:

Date of birth:

Current address:

Signature:

Professional Reference Form

Please provide three references below, not including family members. By providing these references, you consent to the Plant Memorial Home reaching out for verification.

Name:

Position:

Company:

Address:

Phone No.:

Email address:

Name:

Position:

Company:

Address:

Phone No.:

Email address:

Name:

Position:

Company:

Address:

Phone No.:

Email address:
