

APPLICATION FOR EMPLOYMENT

Equal Access to programs, services and employment is available to everyone. Those applicants requiring accommodation to the application and or interview process should notify the Human Resources Department.

Position(s) applied for _____ Date of Application ___/___/___

Name _____ Social Security # _____ - _____ - _____

Address _____

Telephone # (____) _____ Other Phone (____) _____ E-Mail _____

Are you legally eligible for work in this Country? Yes No

Have you ever been employed here before (If yes, give dates and title) Yes No

Date available for work ___/___/___ Desired Salary Range \$ _____

Type of Employment desired: Full time Part Time Temp Per Diem

Are you able to meet the attendance requirements of the position Yes No

Have you ever pled "guilty" or "No Contest" to, or been convicted of a crime? Yes No

If yes, please provide details _____

Answering yes to these questions does not constitute an automatic bar to employment, factors such as offense, seriousness and nature of the violation and positions applied for will be taken into consideration.

Do you possess a Valid State Drivers License? Yes No

How did you hear about SequelCare of Maine? _____

EMPLOYMENT HISTORY

Provide the following information of your past three(3) employers, assignments or volunteer activities starting with the most recent.

(1) FROM ___/___/___ TO ___/___/___ EMPLOYER: _____ TELEPHONE# _____
(____)

JOB TITLE _____ ADDRESS _____

SUPERVISOR/TITLE _____ JOB RESPOSIBILITIES/NATURE OF WORK _____

MAY WE CONTACT FOR REFERENCE? Yes No Later

REASON FOR LEAVING? _____ HOURLY RATE/SALARY
START \$ _____ FINAL \$ _____

(2) FROM ___/___/___ TO ___/___/___ EMPLOYER: _____ TELEPHONE# _____
(____)

JOB TITLE _____ ADDRESS _____

SUPERVISOR/TITLE _____ JOB RESPOSIBILITIES/NATURE OF WORK _____

MAY WE CONTACT FOR REFERENCE? Yes No Later

REASON FOR LEAVING? _____ HOURLY RATE/SALARY
START \$ _____ FINAL \$ _____

(3) FROM ___/___/___ TO ___/___/___ EMPLOYER: _____ TELEPHONE# _____
(____)

JOB TITLE _____ ADDRESS _____

SUPERVISOR/TITLE _____ JOB RESPOSIBILITIES/NATURE OF WORK _____

MAY WE CONTACT FOR REFERENCE? Yes No Later

REASON FOR LEAVING? _____ HOURLY RATE/SALARY
START \$ _____ FINAL \$ _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the position applied for.

EDUCATIONAL BACKGROUND

Name of School	# Yrs Completed	Degree Type	Course of Study

REFERENCE

NAME	EMAIL ADDRESS	TELEPHONE #	# YRS KNOWN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of or excusing any applicant from consideration from employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete an I-9 Form in this regard.



DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT
I certify that I have read, fully understand and accept all terms of the foregoing applicant statement

SIGNATURE OF APPLICANT _____ DATE ____/____/____

SEQUELCARE OF MAINE, LLC
70 Bayview Street, Yarmouth, ME 04096 (207) 847-2273
321 W. Maine Street Suite 101, Searsport, ME 04974 (207) 338-8960
760 Union Street Suite A, Bangor, ME 04401 (207) 989-2946

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name SEQUELCARE OF MAINE, LLC Telephone no. 207-847-2273 EIN 27-2859193

Street address 70 Bayview Street

City or town, state, and ZIP code YARMOUTH, ME 04096

Person to contact, if different from above MANCON Telephone no. (800) 688-8582

Street address PO BOX 24001

City or town, state, and ZIP code GREENVILLE, SC 29616

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 6 hr., 27 min. Learning about the law or the form 24 min. Preparing and sending this form to the SWA 31 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224 Do not send this form to this address. Instead, see When and Where To File in the separate instructions.



To whom it may concern:

The individual listed below has applied for employment with SequelCare of Maine and has indicated that they received a degree from your school. We would like to request that you provide the verification requested below in order for this applicant to meet the employment requirements for this agency. Please fill out the information below and send it back to:

SequelCare of Maine
Attention: Human Resources
70 Bayview Street
Yarmouth, ME 04096

Thank you for your assistance,

Judy Seals
Executive Director

Name:	SSN #:
Maiden Name:	Birth Date:
Please list the highest level of education completed	
Degree:	Graduation Date:
Major:	School:
City:	State:
Applicant authorization for release of information: _____	
	Applicant Signature

School Verification: To be completed by the school

Signature & Title of person verifying information

Please Affix Seal

Name of School

Address of School

City, State Zip code

Phone Number



To: State of Maine Dept, of Motor Vehicles

From: SequelCare of Maine Human Resources

Re: Driving Records Check

It is the policy of SequelCare of Maine, LLC.. to perform driving records checks for all candidates. Please complete the sections below and sign the bottom consenting to this check.

1. Within the past 3 years, have you had any traffic violations or accidents?
 No Yes (please explain in the remarks section)

2. Have you ever had your driver's license suspended or revoked?
 No Yes (please explain in the remarks section)

3. Have you ever been convicted of driving under the influence of alcohol or drugs?
 No Yes (please explain in the remarks section)

4. Have you ever been convicted of leaving the scene of an accident?
 No Yes (please explain in the remarks section)

5. Have you ever been convicted of reckless driving?
 No Yes (please explain in the remarks section)

Remarks: _____

Name (First/Last/MI): _____

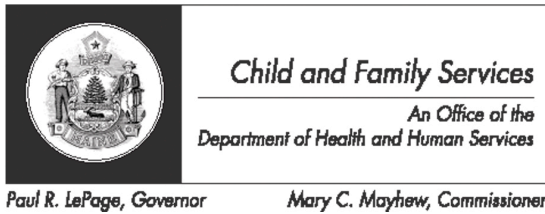
DOB: _____

Driver's License Number: _____

State: _____

I consent to and understand that the agency will perform a driving records check every 2 years for the duration of my employment. Employment is contingent upon satisfactory receipt of this information.

Signature: _____ Date: _____



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 664

**Brenda Masse
Sequel Care of Maine, LLC
70 Bayview St.
Yarmouth, ME 04096**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ **ALIASES (including maiden):** _____

SIGNATURE: _____ **DATE:** _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT →



To: State InforMe

From: SequelCare of Maine Human Resources

Re: Employment Criminal Background Check

It is the policy of SequelCare of Maine, LLC.. to perform criminal background checks for all candidates. Please complete the sections below and sign the bottom consenting to this check.

Name: _____
First/Last/MI

Maiden Name(s)/aliases: _____

Date of Birth: _____

HAVE YOU BEEN CONVICTED OF OR PLEAD QUILTY TO A CRIME IN THE PAST?

No Yes

If you answered Yes, we will require you to provide court documents from the court where the case was processed regarding the conviction.

I consent to and understand that the agency will perform a criminal background check every 2 years for the duration of my employment. Employment is contingent upon satisfactory receipt of this information.

Signature: _____

Date: _____