

# 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 \_\_\_\_\_

Address (including city, state, zip) \_\_\_\_\_

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

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? \_\_\_\_\_

(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? \_\_\_\_\_

(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? \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

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

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## EDUCATIONAL BACKGROUND

Name of School	# Yrs Completed	Degree Type	Course of Study

## PROFESSIONAL REFERENCES

Name	Email Address	Telephone #	Relationship to you

## 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

## Professional References Contact Sheet

Applicant name:

Date:

**Please read all instructions before filling out reference contact form.**

Please provide *at least three professional* references. This means they must be associated with you in a capacity other than simply friendship. Examples of professional references include but are not limited to: bosses, supervisors, shift leaders, professors, volunteer group leaders, landlords etc. Providing email addresses is *required*. At least one reference *must* be a person who has directly or indirectly supervised you. For all references you must note their relationship to you (for example, “former boss,” “current shift leader,” “current landlord,” “neighbor who I babysit for,” etc.) We require a *minimum* of three professional references to be on file for all potential candidates. If we are unable to contact your references, we will be contacting you to provide additional names. Best practice is to reach out to each reference and let them know to expect the email and kindly ask them to reply to it in a timely manner. Your time is greatly appreciated. Thank you!

Reference #1 (*Required*) **This reference must be a person who has supervised you.**

- Name:
- Email address (*required*):
- Relationship to you:

Reference #2 (*Required*)

- Name:
- Email address (*required*):
- Relationship to you:

Reference #3 (*Required*)

- Name:
- Email address (*required*):
- Relationship to you:

Reference #4 (*Optional*)

- Name:
- Email address (*required*):
- Relationship to you:



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

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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

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**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



**It is the policy of SequelCare of Maine to perform background checks which may include DHHS, Criminal, Driving Records and Office of the Inspector General, for all candidates and employees for employment purposes. This Acknowledgment and Authorization is intended to cover both pre-employment and employment at SequelCare of Maine.**

**Please complete the sections below and sign the form consenting to these checks.**

**Name (First/Last/MI):** \_\_\_\_\_

**Maiden Name(s)/Aliases:** \_\_\_\_\_

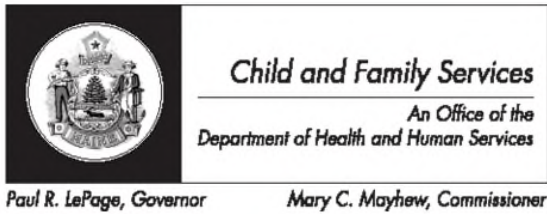
**Date of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

**I consent to and understand that the agency will perform a driving records check every 2 years and background checks every year for the duration of my employment. Please note that if criminal or driving records are returned with incident you will be required to provide a letter stating what took place, how it affected your life, and what you have learned from it. 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 →**



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Background Check Center**  
Notification and Authorization and Release

Driver's License / Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

Aliases / Maiden names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable):

**Notice to the Applicant / Employee**

This employer is considering offering you a job contingent upon a clear background check. The employer requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or childcare services, and state maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to investigate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S.A. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any employer subject to 22 M.R.S.A. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S.A. Ch. 1691.

<b>Authorization and Release by the Applicant / Employee</b> Please Initial Each Line	
	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

<b>Acknowledgements of the Applicant / Employee</b> Please Initial Each Line	
	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S.A. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S.A. Ch. 1691 as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
**Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record is subject to civil and criminal penalties.	

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian\*

\_\_\_\_\_  
Date

\*A legal guardian must sign this form if the applicant or employee is a minor.

**\*\*WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.





**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Background Check Center**  
 Voluntary Consent for Disclosure of Personal Description

**Attention Applicants / Employees**

This employer is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for employing you in this job. Your employer must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your employer enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your employer will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO MATCH WAS FOUND" report will be sent to the MBCC. The MBCC will inform your employer that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a "false positive," meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your employer, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this job.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		

Voluntary Information						
<b>Eye Color:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi-colored	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown		
<b>Hair Color:</b>	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde or Strawberry	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green
	<input type="checkbox"/> Gray or Partially Gray	<input type="checkbox"/> Orange	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Red or Auburn	
	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown			
<b>Race:</b>	<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black	<input type="checkbox"/> Unknown <input type="checkbox"/> White
<b>Gender:</b>	<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Other	
<b>Height:</b>	Feet	Inches	<b>Weight:</b>	Pounds		
<b>Place of Birth (Country):</b>						

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Maine Background Check Center**

Background Check Report  
Correcting Inaccurate Information  
Applicants or Employees

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You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

**State Criminal Records:** You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

**Federal Criminal Records:** You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

**Public Registries:** If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- Office of Inspector General (OIG)** List of Excluded Individuals/Entities (LEIE)  
**E-mail Address:** [sanction@oig.hhs.gov](mailto:sanction@oig.hhs.gov)  
**Telephone:** (202) 691-2311  
**Mailing Address:** HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026  
**Website:** <https://exclusions.oig.hhs.gov/>

**The Dru Sjodin National Sex Offender Public Website (NSOPW)**

To correct any errors in registration information, you must contact the state registration officials where the record is held.

**Website:** <http://www.nsopw.gov/>

**State Registries:** To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

**Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

**E-mail Address:** [maine\\_SOR.help@maine.gov](mailto:maine_SOR.help@maine.gov)

**Telephone:** (207) 624-7270

**Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

**E-mail Address:** [dhrs.cnaregistry@maine.gov](mailto:dhrs.cnaregistry@maine.gov)

**Telephone:** (207) 624-7300

**Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

**Website:** <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

**Telephone:** (207) 287-4660      **TTY:** Maine Relay 711

**Mailing Address:** 221 State Street, Augusta, ME 04330

**Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

**E-mail:** [DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>](mailto:DHHS_MBCC-Admin@maine.gov)

**Telephone:** 888-572-5839      **TTY:** Maine Relay 711

**Mailing Address:** 11 State House Station, Augusta, ME 04333

**Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

**Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.