



CareTree Healthcare  
Senior Care and Staffing  
PO Box 2558  
South Portland, Maine 04116

**Please Print Clearly**

Last Name:

First Name:

Middle Initial:

Mailing Address:

Street Address:

City:

Zip Code:

Home Telephone:

Mobile Telephone:

Last 4 Digits of Social Security Number:

Professional License Number:

Position Applying For (Circle One):

RN

LPN

CNA

PSS

CRMA

Desired Shifts (Circle All That Apply):

First Shift

Second Shift

Third Shift

Availability (Circle All That Apply):

Full Time

Part Time

Per Diem

Available Days (Circle All That Apply): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date You Could Begin Work:

Expected Compensation and Frequency:

Have you ever been employed with us before? (Circle One)

Yes

No

If yes, when?

Are you currently employed? (Circle One)

Yes

No

May we contact your current employer? (Circle One)

Yes

No

Are you 18 years of age or older? (Circle One)                      Yes     No

Are you prevented from lawfully becoming employed in this country due to visa or immigration status? (Circle One)                      Yes     No

*(Proof of citizenship or immigration status is required upon employment.)*

Have you been convicted of a crime within the last seven years? (Circle One)     Yes     No  
If yes, please explain:

*(Conviction will not necessarily disqualify an applicant from employment.)*

Education:

High School Name:

Graduated? (Circle One):             Yes     No

Address:

Graduation Year:

College or University Name:

Graduated? (Circle One):             Yes     No

Address:

Graduation Year:

Major:

Degree Earned:

Employment History:

*(Please start with your most recent employer.)*

Employer #1

Company Name:

Dates Employed (Month and Year):

Most Recent Compensation Rate and Frequency:

Reason for Leaving:

Contact Name, Title and Telephone Number:

Company Address:

to:

Employer #2

Company Name:

Dates Employed (Month and Year):

Most Recent Compensation Rate and Frequency:

Reason for Leaving:

Contact Name, Title and Telephone Number:

Company Address:

to:

Employer #3

Company Name:

Dates Employed (Month and Year):

Most Recent Compensation Rate and Frequency:

Reason for Leaving:

Contact Name, Title and Telephone Number:

Personal References:

Company Address:

to:

*(One personal reference must be a prior direct supervisor or manager.)*

Personal Reference #1

Name:

Company:

Address:

City/State/Zip:

Telephone Number:

Relationship:

Personal Reference #2

Name:

Company:

Address:

City/State/Zip:

Telephone Number:

Relationship:

Personal Reference #3

Name:

Company:

Address:

City/State/Zip:

Telephone Number:

Relationship:

Applicants Statement and Conditions of Employment

*(Please read carefully prior to signing.)*

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any final offer of employment. Upon timely written request to the personnel department of the company, the nature and the scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screen, if applicable."

"I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept or urinalysis test if requested and paid for by the company. I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does

not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.”

“I hereby understand and acknowledge that any employment relationship with this company is of an “at-will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without notice, with or without cause. It is further understood that this “at-will” employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized executive of this company. I also understand that CareTree Healthcare retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion.”

“During my employment with CareTree Healthcare, and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving CareTree Healthcare in which I am a potential witness, and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying CareTree Healthcare, or unless a representative or attorney of CareTree Healthcare is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.”

“This application is valid for sixty days from the application date unless renewed in person or in writing.”

Applicant’s Signature:

Date Signed: