



# NORTHERN PINES CARE ESTATES, INC.



WWW.NORTHERNPINESCARE.COM

207-794-6086

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_/\_\_\_/\_\_\_ Date Available: \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Code

Employment Desired:  CRMA  CNA  PSS  Dietary

Full-Time  Part-Time \_\_\_\_\_ Hours Per Week

Desired Shift: \_\_\_\_\_ Desired Hourly Wage \$ \_\_\_\_\_

6 a.m. to 2 p.m. / 2 p.m. to 10 p.m. / 10 p.m. to 6 a.m.

Other shifts sometimes are necessary

Are you 18 years of age or older?	Yes or No
Are you employed now?	Yes or No
Are you a U.S. Citizen	Yes or No
Are you legally authorized to work in the U.S.?	Yes or No
May we contact your present employer?	Yes or No
May we contact your past employer(s)	Yes or No

How did you learn of this opening? \_\_\_\_\_

**Education:** Circle Highest Grade Completed 8 9 10 11 12

	NAME OF SCHOOL	LOCATION	COURSES TAKEN	COMPLETED	TYPE OF DEGREE & YEAR
HIGH SCHOOL				YES NO	
COLLEGE				YES NO	
CNA				YES NO	
CRMA				YES NO	
PSS				YES NO	

Honors received, volunteer or community service or other qualifications you have earned, which you feel are relevant to the position for which you are applying for:

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**\*\*Please Provide Resume If Possible\*\***

List Present Employer First Present and Former employers	Dates Employed	Salary Range	Position and Duties
Name:  Address City/State/Zip Supervisor: Phone:	From:  To:	Starting:  Ending:	
Name:  Address City/State/Zip Supervisor: Phone	From:  To:	Starting:  Ending:	

Have you been convicted of a crime? Yes No

If yes, for what, when and where \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Do you object to a background check? YES or NO

Do you have any medical conditions that will prevent you from doing this job? If so, please list

\_\_\_\_\_

Are you presently taking any medications that would alter you from doing your job? If so, please list \_\_\_\_\_

**PLEASE INCLUDE TWO REFERENCES BELOW**

***Employer:*** \_\_\_\_\_

***Name to Contact:*** \_\_\_\_\_

***Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address:*** \_\_\_\_\_

***Dates of Employment:*** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

***Was this person your supervisor? YES or NO***

***What your job title at this position?*** \_\_\_\_\_

***Personal Reference***

***Name*** \_\_\_\_\_

***Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address:*** \_\_\_\_\_

***How do you know this person?*** \_\_\_\_\_

***How many years have you known this person?*** \_\_\_\_\_