



APPLICATION FOR EMPLOYMENT

Victorian Villa Rehabilitation and Living Center

26 Pleasant Street, Canton, ME 04221

info@victorianvilla.net

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. Title 1 provisions of the American Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

Personal Information (please print)

Name: _____ Date: ____ / ____ / ____

Address: _____ Social Security: _____ - _____ - _____

Other telephone numbers / email address _____

City: _____ State: _____ Zip: _____ Phone: () _____

Position and Other Information (please print)

Position desired: _____ Date Available for Work: _____

Shift/s and status preferred: ____ 1st ____ 2nd ____ 3rd ____ Part time ____ Full time

Professional License or Certificate #: _____ Are you on the CNA registry? _____

Have you ever worked for this company? ____ If so, when / where: _____

If you were referred by a current employee, please list name _____

Are you legally eligible to work in the United States? ____ Are you 18 years or older? ____

Have you ever been convicted of a crime (misdemeanor or felony), had a criminal charge filed, or pled nolo contendere to a crime? Yes ___ No ___. If yes, please state the circumstances with regard to each below. (Conviction will not necessarily disqualify an applicant from employment.)

Have you ever been arrested for any crime which has not yet been adjudicated? Yes ___ No ___.

If yes, please state the circumstances. (Arrest or summons will not necessarily disqualify an applicant.)

Circumstances:

For the safety of our residents and staff, Victorian Villa Rehabilitation and Living Center does criminal history checks.

Education (please print) List from present to past

School / Institution	Major or area of study	Degree or Number of Years

Office use only

CNA Registry Check (Date/Initials) _____

Employment Information (please print) Start with most recent.

Present or most recent employer (Name, address, phone number)		Dates of employment From / / to / /
Job title	Ending Salary	Telephone () -
Reason for Leaving		

Previous employer (Name, address, phone number)		Dates of employment From / / to / /
Job title	Ending Salary	Telephone () -
Reason for Leaving		

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Job title	Ending Salary	Telephone () -
Reason for Leaving		

Personal references (please print)

Name: _____	Address: _____	Tel.: _____
Name: _____	Address: _____	Tel.: _____
Name: _____	Address: _____	Tel.: _____

Acknowledgement (please read carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary.

I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives.

I understand that any misrepresentation, falsification, or material omission of information on this application or attachments that I have provided may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Attachments, Achievements and other skills: _____

Applicant's Signature

Printed Name

Date