# Sunset Home 114 College Avenue Waterville, Maine 04901

## **APPLICATION FOR EMPLOYMENT**

Sunset Home is an equal opportunity employer and accepts applications for employment regardless of sex, age, race, national origin, color, religion, creed, sexual orientation, military status, workers compensation history, whistleblower or disability; physical or mental.

Date:			
PERSONAL INFORMATION	I		
First Name:	Middle:	Last:	
Maiden Name:			
Email:			
Mailing Address:			
Street:	City:	State:	Zip:
Physical Address: (If different fr	om mailing address)		
Street:	City:	State:	Zip:
Home Phone:	Ce	ell Phone:	
If under 18 years of age, do you	u have a work permit?:		
If not a U.S. Citizen, do you hav	re the legal right to rema	ain permanently and worl	k in the U.S.?:
Alien Registration Number:			

## **EMPLOYMENT DESIRED**

Position applying for:			Shift applying	for: Day	Evening	Night
Status applying for:	Per Diem	Part-Time	Full-Time			
Date available to start	•					
U.s	f		+ 11 h - f 2-		ı <b>c</b>	
Have you ever applied	tor employm	ient at Sunse	t Home before?:		If yes, whe	1:
Have you ever been er	mnloved at Si	inset Home?	•		If yes, whei	٠.
Thave you ever been er	npioyed at 30	anset nome:	•		ii yes, wiiei	1.
What was your reason	for leaving S	unset Home	?:			
	<u> </u>		-			
EDUCATION						
Highest Grade Comple	ted:					
10 11 12/GE		es Degree	Bachelors Degree	Post Gradu	iate Degree	<b>!</b>
<u> </u>			<u> </u>			
Name of Last School A	ttended:					
Certifications Held & D	oate Obtained	d:				
Licenses Held & Date (	Obtained (RN	, LPN):				
Other Tuels's						
Other Training:						

#### **WORK HISTORY**

Please list below your work experience, starting with	n your present or most recent employer
Employer:	
Employer's Address:	
Position:	Supervisor:
Dates of Employment:	
Reason for Leaving:	
Employer:	
Employer's Address:	
Position:	Supervisor:
Dates of Employment:	
Reason for Leaving:	
Employer:	
Employer's Address:	
Position:	Supervisor:
Dates of Employment:	
Reason for Leaving:	

May we contact your present employer at this time?:

#### **APPLICANT'S STATEMENT**

By submitting this application you acknowledge and agree to the following.

I understand that any employment by Sunset Home will be on a 90-day probationary period. If employed by Sunset Home, I agree to comply with the Home's policies, procedures, rules and regulations. The above information is complete and true to the best of my knowledge. I understand discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize Sunset Home to contact the three (3) references, which I have provided and signed a release form. I agree to take a physical examination at any time, at the request of Sunset Home, and agree that the examining physician may disclose the findings/results to Sunset Home.

Print Full Name:	Date:
Signature:	