

# EMPLOYMENT APPLICATION

## LPN



### APPLICANT INFORMATION

|   |                              |                             |  |                              |                             |                |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|----------------|
| Last Name                                 |                              | First                       |  | M.I.                         | Date                        |                |
| Street Address                            |                              |                             |  | Apartment/Unit #             |                             |                |
| City                                      |                              |                             | State  |                              | ZIP                         |                |
| Phone                                     |                              |                             | E-mail Address                                 |                              |                             |                |
| Position Applied For                      |                              |                             | Date Available                                 |                              |                             | Desired Salary |
| Social Security #                         |                              |                             | Date of Birth                                  |                              |                             |                |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |                |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |                |

### EDUCATION

|             |  |    |  |                   |                              |                             |        |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|
| High School |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College     |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other       |  |    |  | Address           |                              |                             |        |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

### PREVIOUS EMPLOYMENT

|  |  |    |                 |                              |                             |  |               |
|--|--|----|-----------------|------------------------------|-----------------------------|--|---------------|
| Company  |  |    |                 | Phone                        |                             |  |               |
| Address  |  |    |                 | Supervisor                   |                             |  |               |
| Job Title  |  |    | Starting Salary | \$                           |                             |  | Ending Salary |
| Responsibilities   |  |    |                 |                              |                             |  |               |
| From   |  | To |                 | Reason for Leaving           |                             |  |               |
| May we contact your previous supervisor for a reference? |  |    |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |               |
| Company  |  |    |                 | Phone                        |                             |  |               |
| Address  |  |    |                 | Supervisor                   |                             |  |               |
| Job Title  |  |    | Starting Salary | \$                           |                             |  | Ending Salary |
| Responsibilities   |  |    |                 |                              |                             |  |               |
| From   |  | To |                 | Reason for Leaving           |                             |  |               |
| May we contact your previous supervisor for a reference? |  |    |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |               |

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>  |                 |                    |                  |
| <b>MILITARY SERVICE</b>   |                 |                    |                  |
| Branch  |                 | From               | To               |
| Rank at Discharge   |                 | Type of Discharge  |                  |
| If other than honorable, explain  |                 |                    |                  |
| <b>DISCLAIMER AND SIGNATURE</b>   |                 |                    |                  |
| "I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. " |                 |                    |                  |
| Signature   |                 | Date               |                  |
|   |                 |                    |                  |



# Reference Check 1

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position Applied for: \_\_\_\_\_

**Contact Information- TO BE COMPLETED BY APPLICANT**

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

**Reference Comments –TO BE COMPLETED BY OFFICE**

Was the applicant an employee of your company? YES  NO

When? START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's job responsibilities?

What are the applicant's strengths? Weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving your employ?

Would you rehire this applicant? YES  NO

Is there anything else you would like to add?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



## Reference Check 2

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position Applied for: \_\_\_\_\_

### Contact Information- TO BE COMPLETED BY APPLICANT

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

### Reference Comments -TO BE COMPLETED BY OFFICE

Was the applicant an employee of your company? YES  NO

When? START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's job responsibilities?

What are the applicant's strengths? Weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving your employ?

Would you rehire this applicant? YES  NO

Is there anything else you would like to add?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



# Reference Check 3

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position Applied for: \_\_\_\_\_

**Contact Information- TO BE COMPLETED BY APPLICANT**

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

**Reference Comments –TO BE COMPLETED BY OFFICE**

Was the applicant an employee of your company? YES  NO

When? START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's job responsibilities?

What are the applicant's strengths? Weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving your employ?

Would you rehire this applicant? YES  NO

Is there anything else you would like to add?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



# CONDITIONS OF EMPLOYMENT

## PLEASE INITIAL EACH LINE

\_\_\_\_\_ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy w result in dismissal.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ I give the employer the right to investigate all police, driving, and personal, DHHS, professional license verifications, and references listed, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, State or Federal law.

\_\_\_\_\_ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

\_\_\_\_\_ This application is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# MOTOR VEHICLE CHECK FORM

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Last First M.I.

Driver's License #: \_\_\_\_\_

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

### IT IS THE POLICY OF SPECTRUM STAFFING SOLUTIONS, LLC TO PREFORM DRIVING RECORDS CHECKS ON ALL NEW HIRES.

In the past 3 years, have you had any traffic violations or accidents? YES  NO   
*If yes, please explain below*

Have you ever had your driver's license suspended or revoked? YES  NO   
*If yes, please explain below*

Have you ever been convicted of:

1) Driving under the influence of drugs or alcohol? YES  NO   
*If yes, please explain below*

2) Leaving the scene of an accident? YES  NO   
*If yes, please explain below*

3) Reckless or Careless driving? YES  NO   
*If yes, please explain below*

Explanation: \_\_\_\_\_

## RELEASE OF INFORMATION

I attest that I have answered the above questions honestly and to the best of my ability. I understand that Spectrum Staffing Solutions, LLC will perform a driving record check as required by state regulations. I also understand that employment is contingent on satisfactory receipt of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**CRIMINAL HISTORY SEARCH  
CONSENT FORM**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Last First M.I.

I, \_\_\_\_\_, have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below.

**CRIMINAL HOMICIDE**

**INDECENCY WITH A CHILD**

**SOLICITATION OF A CHILD**

**ARSON**

**AGGRAVATED ROBBERY**

**BURGLARY & CRIMINAL TRESPASS**

**WEAPONS**

**PUBLIC LEWDNESS**

**PUBLIC INDECENCY**

**KIDNAPPING & FALSE IMPRISONMENT**

**AGREEMENT TO ABDUCT FROM CUSTODY**

**SALE OR PURCHASE OF A CHILD**

**ROBBERY**

**ASSAULTIVE OFFENSES**

**THEFT**

**FRAUD**

**INDECENT EXPOSURE**

**I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNING, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





# DOE Fingerprinting Registration Form

## Applicant Information

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Alias or Maiden Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell  Home

Email: \_\_\_\_\_ SS Number: \_\_\_\_\_ - -

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

### For Office Use

Location: \_\_\_\_\_ Date/Time: \_\_\_\_\_

DOE Application Completed: Yes  No  Date Sent: \_\_\_\_\_ Check Number: \_\_\_\_\_

Approved: Yes  No  Expiration Date: \_\_\_\_\_

**MAINE DEPARTMENT OF EDUCATION  
APPLICATION FOR INITIAL EDUCATIONAL APPROVAL**

**W Z**

|   |  |                                   |   |  |   |                 |      |          |  |             |
|---|--|-----------------------------------|---|--|---|-----------------|------|----------|--|-------------|
| 1. NAME (First, MI, Last, and optional suffix such as Jr., III) |  |                                   | 2. Social Security Number<br>- -        |  | 3. Other name(s) under which<br>Your records are filed  |                 | DATE |          |  |             |
| 4. Mailing Address  |  |                                   | 5. EMAIL Address                        |  |   | 6. City or Town |      | 7. State |  | 8. Zip Code |
| 9. Home Phone   |  | 10. Sex<br>___ Male<br>___ Female | 11. Date of Birth<br>/ /<br>mo. day yr. |  | <b>RETURN TO:</b> DEPARTMENT OF EDUCATION<br>CERTIFICATION OFFICE<br>23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023 |                 |      |          |  |             |

**THE FOLLOWING QUESTIONS MUST BE ANSWERED:**

Have you ever been convicted of **ANY** crime? \_\_\_ YES \_\_\_ NO  
 Have you ever had any occupational or professional license or credential suspended or revoked in any state, or voluntarily surrendered an occupational or professional license or credential? \_\_\_ YES \_\_\_ NO  
 Have you ever resigned following allegations of physical or sexual abuse? \_\_\_ YES \_\_\_ NO

If the answer is yes to any of the above, please attach a detailed explanation with required court documents. (See enclosed instructions.)

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

\_\_\_ YES \_\_\_ NO

If yes, where \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C \_\_\_ VISA \_\_\_ EXPIRATION DATE \_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

|                |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DEPT. USE ONLY |  |  |  | C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Unless you receive an exception, you will be approved to be employed in the schools of Maine in a position for which you are otherwise qualified. The local school unit is responsible for determining whether you are otherwise qualified for a job category.





| PHLEBOTOMY/IV     | # |
|-------------------|---|
| Blood Draw        |   |
| Inserting IVs     |   |
| Removing IVs      |   |
| IV Infusion Pumps |   |
| Dressing Changes  |   |
| Port-A-Caths      |   |
| PCAs              |   |
| Central Line      |   |

| MED ADMIN                 | # |
|---------------------------|---|
| Pouring from Stack Meds   |   |
| Narcotic Administration   |   |
| IV Drip Medications       |   |
| Chemotherapy              |   |
| Med Side Effects          |   |
| Adverse Reactions         |   |
| Medication Verification   |   |
| Medication Administration |   |

| PATIENT POPULATIONS      | # |
|--------------------------|---|
| Infants/Toddlers (0-3yo) |   |
| Young Children (4-6yo)   |   |
| Older Children (7-12yo)  |   |
| Adolescents (13-20yo)    |   |
| Young Adults (21-39yo)   |   |
| Adults (39-64yo)         |   |
| Older Adults (65-79yo)   |   |
| Adults >80yo             |   |

To the best of my knowledge, the information I have provided on this Licensed Practical Nurse Skills Checklist is true and accurate. My signature indicates that I have read this document in its entirety and understand its contents. In addition, I hereby authorize Spectrum Staffing Solutions, LLC to release this Skills Checklist to Facilities in relation to my assignment to that Facility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

|                 |   |                             |  |
|-----------------|---|-----------------------------|--|
|                 |   |                             |  |
| INTERVIEWED BY  |   | DATE                        |  |
| PROFESSIONALISM |   | ABILITY                     |  |
| REMARKS         |   |                             |  |
|                 |   |                             |  |
| HIRED?          | YES <input type="checkbox"/>  | NO <input type="checkbox"/> |  |
| POSITION        |   | WAGE                        |  |
| ADDITIONAL INFO |   |                             |  |
|                 |   |                             |  |
| APPROVED        | <input type="checkbox"/> _____ ADMINISTRATOR <input type="checkbox"/> _____ PROGRAM DIRECTOR <input type="checkbox"/> _____ OPERATIONS DIRECTOR |                             |  |