



# LIGHTHOUSE HEALTH SERVICES

## EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE	LAST NAME	DATE TODAY
STREET ADDRESS			
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED			EXPECTED SALARY
I AM AUTHORIZED TO WORK IN THE <b>UNITED STATES</b> for any employer:      YES      NO			
DO YOU HAVE A VALID DRIVER'S LICENSE? YES  STATE _____  HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED?      YES      NO			ON WHAT DATE CAN YOU START?
ARE YOU AVAILABLE TO WORK      FULL TIME      PART TIME      FULL TIME TEMPORARY			IF NEEDED, CAN YOU TRAVEL FOR WORK? YES      NO

Please check which days and shifts you are available to work:

DAY OF THE WEEK	12:00 AM TO 8:00 AM FIRST SHIFT	8:00 AM TO 4:00 PM SECOND SHIFT	4:00 PM TO 12:00 AM THIRD SHIFT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			



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EMERGENCY CONTACT NAMES:		RELATIONSHIP?	
EMERGENCY CONTACT TELEPHONE:			
DO YOU HAVE ANY REASON WHY YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?			
YES		NO	
HAVE YOU EVER USED ANOTHER NAME OTHER THAN THE ONE LISTED ABOVE? YES NO IF YES, PLEASE LIST HERE.			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, PLEASE EXPLAIN AND INCLUDE DATES:			
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES NO IF YES, PLEASE EXPLAIN AND INCLUDE DATES:			
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU CURRENTLY HOLD:			
DSP CRMA CPR/FIRST AID CPI	LCSW LCPC MSW LADC	CAN LPN RN MHRT	OTHER: (List Here)

## EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUSINESS/TRADE TECHNICAL				

## EMPLOYMENT HISTORY

COMPANY/ AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY



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SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	
COMPANY/AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	
COMPANY/AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	
COMPANY/AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	
COMPANY/AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	

## MILITARY HISTORY

Did you serve in the US Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in which branch?
Describe any military training you received that you believe would be pertinent to the position for which you are applying for.

## REFERENCES

Name	Telephone / email address



# LIGHTHOUSE HEALTH SERVICES

## EQUAL OPPORTUNITY EMPLOYER

**Lighthouse Health Services** is an equal opportunity employer and does not discriminate against employees or job applicants based on race, religion, color, sex, age, national origin, mental and physical disability, veteran or family status, genetic information, or any other status or condition protected by applicable federal, state, or local laws, except where a bona fide occupational qualification applies.

## BACKGROUND CHECK INFORMATION

**Lighthouse Health Services** receives background information on all their employees from the State Bureau of Investigation, State of Maine Department of Health & Human Services Child Protective Services; and the State of Maine Bureau of Motor Vehicles. If, I (candidate) have lived in states other than Maine, I further authorize **Lighthouse Health Services** to complete appropriate out of state background checks. Applicants should understand that any information that may be listed on these checks that relate to incidents in the applicant's past, affecting their relationship with the consumers/clients in the program, the staff, or the operation of the program, may be considered a sufficient reason to reject their application for employment or could mean their immediate termination.

The information I have provided in this application for employment is true, correct, and complete. I understand my application will be rejected if false, incomplete, omitted, or misrepresented information is discovered and I may be terminated, if after I am employed, it is discovered.

I authorize **Lighthouse Health Services** to contact and obtain information from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

This application is not an employment agreement. If I accept an offer of employment from **Lighthouse Health Services**, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **Lighthouse Health Services** is of an "at will" nature. My employment is at the will of the employer, and either **Lighthouse Health Services** or I may at any time terminate the employment relationship with or without cause and without prior notice, unless required by law. I understand that no one other than the CEO of **Lighthouse Health Services** or appointed delegate, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by the CEO or delegate. **I fully understand and accept all terms and conditions of the above statement.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_