



*MEETING YOUR GROWING  
NEEDS*

*A PROFESSIONAL ORGANIZATION OF  
DEDICATED HEALTH CARE PROVIDERS*

# APPLICATION FOR EMPLOYMENT

Assistance Plus is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, ancestry, age, physical or mental disability, veteran status or any other status protected by law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by federal, state or local law. Equal access to employment, services, and programs is available to all persons.

\*\*\*\*\*

LAST NAME FIRST NAME MIDDLE DATE

STREET CITY STATE ZIP

HOME PHONE E-MAIL ADDRESS

Positions(s) Desired: \_\_\_\_\_

DEPARTMENT: (circle) **HEMOCARE SERVICES** **MENTAL HEALTH SERVICES**  
**OFFICE** **PROFESSIONAL STAFFING**  
**(Long Term Care Facilities)**

Hours Available (First Choice) \_\_\_\_\_ Hours Available (Second Choice) \_\_\_\_\_

Applying For: (Circle) **FULL TIME** **PART TIME** **PER DIEM**

Total hours available per week: \_\_\_\_\_ Earliest start date: \_\_\_\_\_

\*\*\*\*\*

Are you over 18 years of age? \_\_\_\_\_ (If not, employment is subject to verification that you are of a minimum legal age and able to supply required work permit.)

Are you legally eligible for employment in the United States? \_\_\_\_\_ (U.S. law requires that, if hired, you must furnish verification documents within 72 hours of starting work.)

Have you ever worked or applied for a position at Assistance Plus before? \_\_\_\_\_ When: \_\_\_\_\_

Can you travel if the position requires it? \_\_\_\_\_

Have you been convicted of a criminal offense? \_\_\_\_\_ If "yes" please explain: \_\_\_\_\_

Have you been found guilty of abusing, neglecting or mistreating clients/residents by a court of law? \_\_\_\_\_

Have you ever had medical/professional liability insurance denied or cancelled? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you had a professional liability claim filed against you? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has any action ever been taken on your clinical privileges? Yes \_\_\_ No \_\_\_ N/A \_\_\_

\*\*\*\*\*

**C.N.A./C.N.A.- M. PCA AND PSS APPLICANTS ONLY:**

Have you completed the Certified Nurses Aide State Registry Form? \_\_\_\_\_

Are you presently on the State of Maine C.N.A. Registry? \_\_\_\_\_

Fill out the enclosed State of Maine Registry Request for Verification \_\_\_\_\_

Have you ever had a violation reported to the State of Maine Registry concerning abuse, neglect, mistreatment of clients/residents or misappropriation of his/her property? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**R.N./L.P.N. APPLICANTS ONLY:**

R.N. GRADUATE \_\_\_\_\_ R.N. LICENSED \_\_\_\_\_ L.P.N. GRADUATE \_\_\_\_\_ L.P.N. LICENSED \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been called before a licensing board or asked by a licensing board to answer a complaint? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has your professional license ever been subject to disciplinary action, suspended, revoked, placed on probation or voluntarily surrendered? If yes, please explain: \_\_\_\_\_

\*\*\*\*\*

**EDUCATIONAL BACKGROUND**

High School	Address	Course of Study	Degree or Diploma
_____	_____	_____	_____
College/Tech/Business	Address	Course of Study	Degree or Diploma
_____	_____	_____	_____
Graduate School	Address	Course of Study	Degree or Diploma
_____	_____	_____	_____
Continuing Education	Address	Course of Study	Degree or Diploma
_____	_____	_____	_____

Long Term Goals/Plans: \_\_\_\_\_

Other Skills/Certifications: \_\_\_\_\_

\*\*\*\*\*



## WELCOME TO ASSISTANCE PLUS

Assistance Plus is a multi-faceted organization that provides a variety of health field professional services. Our home office is located in Benton, Maine.

### **Long Term Care Services**

NURSING, CNA/PSS Services for Home Care Clients

### **Mental Health Services**

Habilitative/Behavioral Specialists, Case Managers and Clinicians for In-Home Support Services to Clients with MR/MH needs

### **Professional Staffing Services**

Long-Term / Skilled Care Facilities

We would like to thank you for your interest in our company. Your application will be given serious consideration. If your credentials match the agency needs, you may be contacted for an interview. Please note that all applications are kept on file for 6 months. If no matching position is currently available, your application may be reconsidered within the time frame.

Assistance Plus  
1604 Benton Ave.  
Benton ME 04901

### **Important Notice Regarding Immunizations**

Important notice to all Assistance Plus applicants regarding changes in the State statute governing immunizations required for hospital/health facility personnel. If you were born **after December 31, 1956** you must present documented evidence of immunization or a copy of the actual lab test indicating immunity to Rubella (German Measles) and Rubeola (old-fashioned measles). The document must be signed by the health professional that administered the vaccine. Having either disease is not sufficient evidence of immunity.

#### **Total Immunizations Required**

Except as otherwise provided by law, each Designated Healthcare Facility in the State of Maine shall require for all employees proof of immunization or documented immunity against:

- (1) Rubeola (measles)
- (2) Mumps
- (3) Rubella (German measles)
- (4) Varicella (chicken pox)
- (5) Hepatitis B \* optional

Hepatitis B Series – If you have started or completed the Hepatitis B Series, **please bring documentation with you to your interview appointment along with your immunization record.** This will speed up the hiring process tremendously.

\* There are specific rules regulating exceptions and declinations for required immunizations. More extensive information will be provided during the interview process, or if you need immediate clarification please call the human resource department at 453-4708 or toll free at 1-800-781-0070.

All health screen reports will be maintained in the strictest of confidence and do **not** become a part of your personnel file.

**ASSISTANCE PLUS  
Confidential Reference Request**

This form authorizes my present/former employer(s) to release employment information to Assistance Plus regarding my performance. **PLEASE FILL OUT THE TOP PORTION OF THIS FORM AND SIGN YOUR NAME.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

	Above Average	Average	Below Average	Unacceptable
Work Performance Quality / Quantity				
Cooperation				
Attendance / Punctuality				
Initiative				
Ability to work independently				
Decision-making skills				

1. Was this individual terminated from employment due to neglect, abuse or mistreatment?

[ ] Yes [ ] No

2. Would you rehire/recommend? [ ] Yes [ ] No If no, why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Human Resource Representative*

\_\_\_\_\_  
*Date*

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Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Human Resource Representative

Date

**FOR ALL CNA, PCA, & PSS APPLICANTS**

*STATE OF MAINE REGISTRY REQUEST FOR VERIFICATION OF  
CERTIFIED NURSING ASSISTANT*

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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***OFFICE USE ONLY***

CNA Registry Phone: 287-9310 Fax: 287-9325

Date Registry was contacted: \_\_\_\_\_

**Verification provided:** [  ] Yes [  ] No      **Expiration Date:** \_\_\_\_\_

**Spoke to:** \_\_\_\_\_

[  ] Yes [  ] No Active and in good standing

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Previous Employment / Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Hire: \_\_\_\_\_

Annotated/Criminal record: \_\_\_\_\_ [  ] Yes [  ] No If Yes:

Explain:

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Human Resource Representative

Date