



EMPLOYMENT APPLICATION

*Individuals will be required to complete background check authorization forms prior to any offer of employment.
(All sections must be completed in full even if a resume is included)*

PERSONAL INFORMATION:

Name: Last _____			First _____			MI _____		
Mailing Address: Street _____			City _____			State _____ Zip Code _____		
Have You Ever Worked Under a Different Name? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, list name(s) _____								
When & Where? _____								
Telephone Contact Information: Home _____ Work _____ Cell _____ Other _____						Date of this Application: _____		
Last 4 digits of Social Security Number: _____						Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What Prompted You to Apply for Employment With Us?								
<input type="checkbox"/> Current HSM Employee: Name: _____								
<input type="checkbox"/> HSM Website <input type="checkbox"/> Internet Job Posting <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Cold Call								
<input type="checkbox"/> Other (Specify) _____								
For Which Position Are You Applying? <input type="checkbox"/> RN <input type="checkbox"/> HA (CNA) <input type="checkbox"/> Other _____								
Location: <input type="checkbox"/> Home Program/Main Office <input type="checkbox"/> Gosnell Memorial Hospice House								
Number of hours you are seeking to work: _____ per week <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> _____								
Shift/Schedule Preference (check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Holidays <input type="checkbox"/> Weekends								
Desired Pay (optional): \$ _____ per hour \$ _____ per year <i>(not requesting pay history)</i>								
Available for Work: <input type="checkbox"/> Immediately <input type="checkbox"/> With _____ Week Notice								
Do You Have Any Relatives Employed With Us? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, name _____ Relationship _____								
Have You Applied for Employment With Us Within the Past 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, approximate date _____ Position _____								

Main Office: 390 US Route One, Scarborough ME 04074
Gosnell Memorial Hospice House: 11 Hunnewell Road, Scarborough ME 04074
Phone: (207) 289-3640 • Fax: (207) 289-3163
hr@hospiceofsouthernmaine.org

(All sections must be completed in full even if a resume is included)

EDUCATIONAL INFORMATION:

School	Name and Address of School	Major or Course of Study	Circle Last Year Completed	Did You Graduate?	List Highest Grade, Diploma or Degree Attained
High			1 2 3 4 Attendance Dates: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Attendance Dates: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Attendance Dates: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER, such as Business College, Other Special Courses (include Special Military Training, Post Graduate, and Nursing)					

LICENSURE/CERTIFICATION (LIST ALL RELEVANT CURRENT AND EXPIRED PROFESSIONAL LICENSES AND/OR CERTIFICATIONS FROM ALL STATES LIVED IN):

If registered, licensed, or certified, complete the following:	
Type _____ State Issued _____ Expiration Date _____ No. _____	
Type _____ State Issued _____ Expiration Date _____ No. _____	
Type _____ State Issued _____ Expiration Date _____ No. _____	
Have any professional licenses/certifications ever been subject to discipline, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	

SKILLS:

Typing/Keyboard Skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proficient in Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proficient in Word? <input type="checkbox"/> Yes <input type="checkbox"/> No Proficient in Excel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proficient in Outlook? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proficient with Electronic Medical Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Applicable Skills, Knowledge, or Training:	

(All sections must be completed in full even if a resume is included)

WORK HISTORY:

PLEASE LIST INFORMATION ABOUT YOUR LAST FOUR EMPLOYERS -- LIST MOST RECENT EMPLOYER FIRST.

#1 Employer Name _____ Phone _____ Address _____ Job Title _____ From ____/____/____ To ____/____/____ Immediate Supervisor _____ Duties _____ Reason for Leaving _____
#2 Employer Name _____ Phone _____ Address _____ Job Title _____ From ____/____/____ To ____/____/____ Immediate Supervisor _____ Duties _____ Reason for Leaving _____
#3 Employer Name _____ Phone _____ Address _____ Job Title _____ From ____/____/____ To ____/____/____ Immediate Supervisor _____ Duties _____ Reason for Leaving _____
#4 Employer Name _____ Phone _____ Address _____ Job Title _____ From ____/____/____ To ____/____/____ Immediate Supervisor _____ Duties _____ Reason for Leaving _____

At least 2 former work references must be obtained. May we contact the employers listed above?

Employer #1: Yes No Employer #2: Yes No Employer #3: Yes No Employer #4: Yes No

PROFESSIONAL REFERENCES:

(If you have no work history, and experience is not required, a Professional Reference may be contacted as a reference.)

Name	Address	Occupation	Telephone
1)			
2)			
3)			

Background Information:

- If the position for which you are applying requires that you drive, do you have a current, valid driver’s license? Yes No

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

We are an Equal Opportunity Employer

Hospice of Southern Maine is an equal opportunity employer and does not discriminate against applicants or employees based on their actual or perceived race (including traits associated with race, such as hair texture, Afro hairstyles and protective hairstyles (e.g., braids, locks and twists), color, sex (including pregnancy and related medical conditions), sexual orientation, gender identity, familial status, physical or mental disability, religion, ancestry, national origin, age, HIV/AIDS status, genetic information, membership in the National Guard or U.S. reserves or because they sought and received a protection from abuse order or filed a claim or asserted a right under Maine’s Workers’ Compensation Act or Whistleblowers’ Protection Act , or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal employment opportunity. In order to ensure reasonable accommodation for individuals protected by Section 503 of the Rehabilitation Act, the Vietnam Veterans’ Readjustment Act, the Maine Human Rights Act, and Title I of the Americans with Disabilities Act, applicants that require accommodation in the job application process may contact the Human Resources Office at 207-289-3640 or by e-mail at hr@hospiceofsouthernmaine.org for assistance. EOE AA M/F/Vet/Disability

Pre-Requisites for Employment

Any offer of employment is contingent upon the applicant meeting all prerequisites for employment designated for the position for which they are applying, including a satisfactory result from the substance abuse testing administered to applicants. A copy of the policy containing the prerequisites for employment will accompany a written offer of employment.

Statement of Applicant’s Certification, Understanding, and Agreement

- I understand that the distribution or receipt of this application by HSM does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications for the specific position for which the candidate has applied. Incomplete applications may be reason for exclusion of otherwise qualified individuals.
- I certify that I am a genuine applicant for employment and this application is being submitted for the purpose of seeking employment with HSM.
- I understand work references and work history verification is required, and I authorize all persons, schools, employers, and organizations mentioned in this application to provide HSM with any and all information requested by HSM, and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.
- I understand that any offer of employment is contingent upon receipt of the information designated in the prerequisites for employment policy and the offer letter. I understand failure to provide such items will cause me to be ineligible for employment.
- In the event that I am employed by HSM, I:
 - Agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and may be terminated at any time for any reason by HSM or me.
 - Understand that HSM may conduct background investigations periodically after employment.
 - Agree to maintain minimum State of Maine financial responsibility limits for automobile insurance.
 - Understand that HSM is a smoke, alcohol and drug-free working environment and that I am prohibited from: smoking on any HSM worksite; being under the influence of alcohol, drugs or controlled substances while working; the unlawful manufacture, distribution, use, sale, transfer or possession of alcohol, drugs, controlled substances, drug paraphernalia or any combination thereof.
 - In the event that I am employed by HSM, and I am photographed during the course of my employment, I grant HSM my permission to use any or all photos of me for various public relations releases, and/or publications.
- I certify that I have not been excluded from Medicare and Medicaid program participation.

I certify that all statements made by me on this application are true and complete and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal if I have been hired. I hereby acknowledge that I have read, understand, and consent to all statements on this page.

Applicant’s Signature _____ Date Signed _____

*Thank you for your interest in employment with Hospice of Southern Maine.
We will contact you only if your skills and qualifications are a match with our current staffing needs.*



REFERENCE CHECK

To be completed by applicant:

I authorize Hospice of Southern Maine to contact the previous employers and/or professional references as indicated on my application form and authorize release of all information regarding my employment or association with them.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Position Applied for _____

To be completed by HSM Representative:

Name of Company: _____

Phone # _____

Dates of Employment: From ____/____/____ To ____/____/____

Position Held _____

Name of Person Providing Info: _____ Title _____

Is the above information correct? Yes No If no, please explain _____

Is Employee Eligible for Rehire? Yes No If no, please explain _____

Please Provide Comments Regarding the Following:

___ Job Knowledge	___ Attitude	___ Ability to Work Well with Others
___ Work Performance	___ Professional Appearance	___ Ability to Maintain Boundaries

Comments: _____

HSM Representative's Signature _____ Date _____

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Hospice of Southern Maine
Self-Identification of Ethnicity, Race, Gender, and Veteran Status
Completion of this information is voluntary and is not a requirement for employment.

Hospice of Southern Maine is an equal opportunity employer and considers all applications for positions without regard to their actual or perceived race (including traits associated with race, such as hair texture, Afro hairstyles and protective hairstyles (e.g., braids, locks and twists), color, sex (including pregnancy and related medical conditions), sexual orientation, gender identity, familial status, physical or mental disability, religion, ancestry, national origin, age, HIV/AIDS status, genetic information, membership in the National Guard or U.S. reserves or because they sought and received a protection from abuse order or filed a claim or asserted a right under Maine's Workers' Compensation Act or Whistleblowers' Protection Act or any other characteristic protected by applicable federal, state or local law.

Hospice of Southern Maine is subject to certain governmental recordkeeping and reporting requirements for the administration of its affirmative action plan. In order to comply with these laws, the employer invites employees and applicants to voluntarily self-identify their race, ethnicity, and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for affirmative action purposes. When reported, data will not identify any specific individual.

In order to ensure reasonable accommodation for individuals protected by Section 503 of the Rehabilitation Act of 1973, the Vietnam Veterans' Readjustment Act of 1974, and Title I of the Americans with Disabilities Act of 1990, applicants that require accommodation in the job application process may contact the Human Resources Department at 207-289-3640 or via e-mail at hr@hospiceofsouthernmaine.org for assistance.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired.

Individual's Name _____

1. Gender: Male Female
2. Ethnicity/Race: Are you **Hispanic** or **Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)? Yes No

If you answered "No" to Question 2, please check the box that best represents your ethnicity/race:

- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the Black racial groups in Africa;
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- American Indian or Alaskan Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and
- Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

3. **Veteran Status:** Hospice of Southern Maine is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:
- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
 - A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
 - An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.
This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____ Date of Hire: _____