

Deborah Lincoln House  
60 Cedar St.  
Belfast, ME 04915  
(207) 338-1554  
dlincoln@gwi.net

**Application for Employment**

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

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

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

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

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you legally eligible to work in this country? \_\_\_\_\_

Have you been employed here before? \_\_\_\_\_

Date available for work: \_\_\_\_\_

Type of employment desired: Full time\_\_\_\_ Part time\_\_\_\_ Supplemental\_\_\_\_

Have you ever been convicted of a crime? ☐ yes ☐ no

If so, for what? (explain) \_\_\_\_\_

*(I understand that a conviction may not necessarily preclude my employment.)*

Driving is an essential function of employment here.

Driver's license number: \_\_\_\_\_

You must be 18 years of age to be employed at the DLH.

**Education history:**

High School / GED \_\_\_\_\_ Graduation date \_\_\_\_\_

Post HS Education / level attained \_\_\_\_\_

List any certification or license held and license number:

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

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**Employment History:** List last 2 places of employment: dates of employment and explain briefly why you left. Start with most recent.

1. Name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we call for references? \_\_\_\_\_  
If so, phone number \_\_\_\_\_

2. Name \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we call for references? \_\_\_\_\_  
If so, phone number \_\_\_\_\_

Are you currently sanctioned by the Department of Health and Human Services from participating in any health care program? ☐ yes ☐ no

Working in a healthcare facility requires that a criminal background check and proof of certification or licensure are done. This will be done before being offered employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please provide any further comments: