### For best results use Adobe Acrobat Reader to complete this form. **Free Download**

# **EMPLOYMENT APPLICATION**

FIRST NAME	MIDDLE		LAST NAME		DATE TODAY	
STREET ADDRESS						
STREET ADDRESS						
CITY CTATE 710					LIONAE BUONE	
CITY, STATE, ZIP					HOME PHONE	
EMAIL ADDRESS					CELL PHONE	
POSITION DESIRED					SALARY EXPECTED	
	O WORK IN THE UNITED STATES					
TAM AUTHORIZED TO	O WORK IN THE UNITED STATES:	YES NO				
DO YOU HAVE A VAL	ID DRIVER'S LICENSE? YES				ON WHAT DATE CAN YOU	
					BEGIN?	
STATE						
HAC VOLID DDIVED'S	LICENSE EVER BEEN REVOKED?	YES NO				
TIAS TOOK DRIVER 3	LICENSE EVER BEEN REVORED:	TL3 NO			CAN YOU TRAVEL FO	OR WORK
ARE YOU AVAILABLE	TO WORK FULL TIME	PART TIME FULL	TIME TEMPORA	RY	IF NEEDED?	
					YES NO	
Please check which	days and shifts you are availab					
DAY OF THE WEEK	1 <sup>ST</sup> SHIFT		SHIFT		3 <sup>RD</sup> SHIFT	
	8:00 AM TO 4:00 PM	4:00 PM TO 12:	00 AM (MIDNIGHT)	12	2:00 AM TO 8:00 A	M
MONDAY TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
ENAUDOENICY CONTACT	NIANAT.		DEL	ATIONSHIP?	<b>.</b>	
EMERGENCY CONTACT			KEL	ATIONSHIP!		
EMERGENCY CONTACT						
DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT						
REASONABLE ACCOMMODATION?  YES NO						
Have you ever gone by a name other than the one listed above? Yes No If yes, please list here.						
HAVE YOU EVER BEEN (	CONVICTED OF A CRIME? IF YES, PLI	EASE EXPLAIN AND INCLUI	DE DATES:		YES	NO
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES NO						
IF YES, PLEASE EXPLAIN	I AND INCLUDE DATES:					
DI FACE LICT ALL LICENIC	SES AND CERTIFICATIONS YOU NOW H	21.0.				
			07115-		//:	
DSP	LCSW	CAN	OTHER:		(List Here)	
CRMA	LCPC	LPN				
CPR/FIRST AID	MSW	RN				
СРІ	LADC	MHRT				
			1			



IF NO, PLEASE EXPLAIN WHY:

# **EDUCATION HISTORY**

SCHOOL	SCHOOL NAME AND LOCATION	COUR STU		YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL					
COLLEGE					
GRADUATE					
BUSINESS/TRADE TECHNICAL					
	EMPLOYM	ENT HISTOR	Y		
COMPANY,AGENCY NAM	E	TELEPHONE			
ADDRECC		FAADLOVA AFAIT DAT			
ADDRESS		FROM	E2	ТО	
JOB TITLE		WEEKLY PAY		10	
SUPRVISOR		REASON FOR LEAV	ING		
NAAV ME CONTACT THE	MDI OVERS				
MAY WE CONTACT THIS E IF NO, PLEASE EXPLAIN W					
COMPANY,AGENCY NAMI	E	TELEPHONE			
ADDRESS		ENADLOVA AFAIT DAT			
ADDRESS		FROM	ES	то	
JOB TITLE		WEEKLY PAY		10	
SUPRVISOR		REASON FOR LEAV	ING		
MAY WE CONTACT THIS E  IF NO, PLEASE EXPLAIN W					
	1100				
COMPANY, AGENCY NAM	E	TELEPHONE			
ADDRESS		EMPLOYMENT DAT	EC		
עסטערפא		FROM	LJ	TO	
JOB TITLE		WEEKLY PAY			
SUPRVISOR		REASON FOR LEAV	ING		
301 KVISOK		ILASON I ON LEAV			
MAY WE CONTACT THIS E	MPLOYER? YES NO				



#### **MILITARY HISTORY**

Did you serve in the US Armed Forces? Yes	No	If yes, in which branch?	
Describe any military training you received that yo	ou believe woul	d be pertinent to the position for which you are applying.	

#### REFERENCES

Name	Telephone

### **EQUAL OPPORTUNITY EMPLOYER**

Safe Residential Care is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of 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**

Safe Residential Care (SRC) 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 have lived in states other than Maine, I further authorize SRC 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 SRC 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 SRC, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with SRC is of an "at will" nature. My employment is at the will of the employer, and either SRC 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 executive director of the agency, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by the executive director. I fully understand and accept all terms and conditions of the above statement.

APPLICANT'S SIGNATURE	DATE
APPLICANT 3 SIGNATURE	DATE