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EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for positions without regard to: race, color, religion, sex, national origin, disability, age Vietnam Era, special disabled, recently separated, and other protected veterans, status as a whistle blower or sexual orientation.

(Please answer all questions - please print legibly or type)

Date of Application: _____

Position Applied For: _____ Desired Location: _____

Name: _____

Street Address: _____ Phone Number: _____

City/State/Zip Code: _____

Email Address: _____

Do you have a legal right to work in the United States? Yes No

Please indicate your availability by marking days available for work and writing in times available:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Are you 18 years of age or older? Yes No

Have you ever worked for this agency before? Yes No If yes, where? _____

Dates: From: _____ To: _____ Position held: _____

Referral Source: Advertisement Friend Current Employee Website Walk-in Other

Date available for employment? _____ Available to work? Full Time Part Time

Can you travel if a job requires it? Yes No

Can you provide your own transportation? Yes No

Have you had your State of Maine driver's license for at least 3 years? Yes No

Have you ever been the subject of a child or adult abuse investigation? Yes No

If yes, please give details: _____

Have you **ever** been convicted of a crime? (includes felony, misdemeanor, OUI) Yes No

If yes, please explain: _____

Is there a criminal action currently pending against you? Yes No

If yes, please explain: _____

Have you ever, in this state or any other state, had a license or certification (professional license, driver's license) revoked or suspended, or have you ever voluntarily surrendered a license or certification?

Yes No

If yes, give details: _____

Professional license(s) or certification(s) currently held (include numbers if applicable):

Specialized training or skills:

EDUCATION

<u>Name of School</u>	<u>City/State</u>	<u>Degree Completed?</u>	<u>Degree Type</u>	<u>Major</u>
_____	_____	Yes No	_____	_____
_____	_____	Yes No	_____	_____

WORK & MILITARY EXPERIENCE

* Start with the most recent position and move backward through all positions and military service for the past twenty years, including employed months and years.

* Furnish dates and explanations for each period of **unemployment** of one month or more. You may exclude employment during high school.

* **THIS FORM MUST BE COMPLETED IN FULL.** (Do **not** leave spaces blank with a note "attached resume")

* You may attach a resume for supplemental information related to volunteer work, memberships, associations, etc.

Present or last position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer:

_____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

WORK & MILITARY EXPERIENCE (cont')

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

PROFESSIONAL REFERENCES:

<u>Name</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use this space for any additional information:

~ Applicant' Statement ~

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I authorize UCP of Maine to verify all statements contained in this application and to make any necessary job related reference checks.

I authorize the employers, supervisors, and references provided or discovered during my application process to give UCP of Maine any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise and release all parties from all liability for any damage or injury that may result from furnishing same to UCP of Maine.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s), either written or verbal, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I understand that an offer of employment may be conditioned on the results of background checks.

I have read, understand and agree to the above applicant statement.

Signature of Applicant

Date

Print Name