



# Application for Employment

UCP of Maine considers applicants for all positions without regard to race, color, creed, religion, national origin or ancestry, sex, age, disability, genetic information, veteran status, or any other legally protected status under local, State, or Federal law.

## GENERAL INFORMATION

Last Name	First Name	Middle Name	Nick Name
Street Address		City, State Zip	
Email	Contact Phone	Home Phone	Cell Phone

If you are hired can you present proof of your legal right to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No If not, hiring may be subject to verification of age and a valid work permit.

Have you ever been convicted of or pled no contest to a felony or a serious misdemeanor?  Yes  No  
If yes, list dates and details (a conviction will not necessarily bar you from employment):

Have you ever worked for UCP of Maine before?  Yes  No If yes, list dates and supervisor(s):

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If hired, would you have a reliable means of transportation to and from work?  Yes  No

If required for this position, do you possess a valid driver's license?  Yes  No  
If so enter State, License # and Class:

If a driver's license is required, have you received any tickets in the last three years for moving violations?  Yes  No  
If so, list the date and type of each violation:

## POSITION

Position applied for or type of position desired:					Available For:		
					<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call		
Salary desired: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly					When can you start?		
Hours available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No Restrictions:							
How did you hear about this position?							

## EDUCATION AND TRAINING

List your Colleges, Business Schools, Vocational Schools, and Military Training (with the most recent first).

Name and Location	# of Yrs Attended	Major/Area of Study	Degree(s)

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If you have served in the Armed Services, list your duties and duty stations, special training, and rank at discharge:

**WORK EXPERIENCE**

List your work experience, starting with your most recent employment (do NOT enter "see resume").

Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		
Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		
Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		

**OTHER SKILLS**

List any special training, work-related skills, achievements, equipment certification, occupational licenses, military training, certifications or registrations relevant to this position. If hired, you may be required to submit copies for verification.

State any additional information you feel may be helpful to us in considering your application.

**PROFESSIONAL REFERENCES**

Enter the names, contact numbers, and email addresses of three (3) business/work references of people who are not related to you, or if not applicable you may enter school or personal references of people who are not related to you.

Name	Position/Company/Address	Yrs Known	Contact Number/Email


**SIGNATURES** (Please read carefully, initial each paragraph and sign below)

	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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UCP of Maine  
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Bangor, Maine 04401  
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