



## BRIDGING THE GAP OF ELDERLY INDEPENDENCE

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

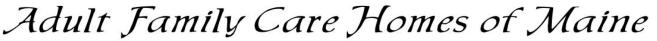
Last Name	First Name		Middle Nan	ne		
Street Address	City	State/Province	Zip/Posta	1		
Telephone Number	er(s)	Driver's License	Driver's License Social Security Number			
Position(s) Applie	Position(s) Applied For			Date of Application		
How did you hear  Advertisement	about <i>AFCH of Maine</i> ?	nent Agency 🔲 F	Relative	Other		
Date available to	begin work	Desired hourly wage	e	Availability:    Full time	☐ Part time	
What shifts are you 6 a.m2 p.m.	ou available to work:  2 p.m10 p.m. 10 p.m6 a.m.	Can you work week	ends?	Do you have t	•	
Best time to co	ontact you at home: a.m. / p.	.m.				
Are you 21 years of age?				☐ YES	☐ NO	
Have you ever	submitted an application with us before?			☐ YES	☐ NO	
If yes, give da	te(s) of previous application (s)					
Do you have a	ny friends or relatives that work for AFCH	of Maine?		YES	□ NO	
If yes, please s	state name and the relationship					
Are you currently employed?				☐ YES	□ NO	
May we contact your current employer?				YES	☐ NO	
	evented from lawfully becoming emenship or immigration status will be require			ecause of YES	Visa or Immigration NO	Stat
	WE ARE AN EQUA We consider applicants for all positions without disability, marital or vetera	regard to race, colo	r, religion, cree	ed, gender, nat	tional origin, age,	
EDUCATIO	N HISTORY					
	Name & Address of School	Course of Study	Yrs Complete	ed Diplo	ma/Degree	
High School						
Undergraduate College						
Graduate / Professional						
Other (Specify)						
L LNDeCITY)			1			

## **WORK EXPERIENCE**

Start with your present or last job. Include any job – related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From	То
Address			
Telephone Number(s)		Hourly Rate / Salary Started	Final
Starting / Present Job Tit	le		
Supervisor		May we contact this Employer?	
Reason for Leaving		☐ YES ☐ NO	
Employer		Dates Employed From	То
Address			
Telephone Number(s)		Hourly Rate / Salary Started	Final
Starting / Present Job Tit	le		
Supervisor		May we contact this Employer?	
Reason for Leaving		☐ YES ☐ NO	
Employer		Dates Employed From	То
Address			
Telephone Number(s)		Hourly Rate / Salary Started	Final
Starting / Present Job Tit	le		
Supervisor		May we contact this Employer?	
Reason for Leaving		☐ YES ☐ NO	
Employer		Dates Employed From	То
Address			
Telephone Number(s)		Hourly Rate / Salary Started	Final
Starting / Present Job Tit	le		
Supervisor		May we contact this Employer?	
Reason for Leaving		☐ YES ☐ NO	
COMMENTS: INC	CLUDE EXPLANATION OF AN	Y GAPS IN EMPLOYMENT	
SPECIALIZED SI		_	
CNA	First Aid	Other	
RCS / PSS	☐ CPR		
☐ CRMA	☐ Insulation Injection		

OTHER TRAINING AND	INFORMATION		
Describe any job-related train	ng you may have:		
Please list any certifications th	nat you presently hold:		
Please state any additional info	ormation you feel that will be helpful to us:		
PERSONAL / PROFESS	IONAL REFERENCES		
(Please do not include family			
-			
Name	Phone Number(s)	Best Time to Call	Occupation
1.			
2.			
3. 4.			
5.			
	•		
APPLICANT'S STATEM	ENT		
I certify that the answers given	n herein are true and complete.		
	all statements contained in this application	on for employment as may	be necessary in arriving at an
employment decision.			
	ent shall be considered active for a period eyond this time period should inquire as to		
PRINTED FULL NAME OF APPLICAN	Т		
APPLICANT SIGNATURE		DA	







The personal information requested below is intended solely for the purpose of verifying information provided by you on an application, resume or during the interview process, and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Please attach to this form a copy of Potential Employee Driver's License & Social Security Card.

Full Name						
FIRST		MIDDLE INIT	TIAL LAST	Г		
Social Security #	Date of Birth/					
Driver's License #			State of Is	sue		
List all your a	ddresses for the past seve	en (7) years, sta	arting with the	most recent: (Mus	t include presen	t address)
Street Address	Apt # City	State	County	Zip Code	From	То
•	harged with any crimina		, -	•	□ Yes □	No
•	convicted of a crime incles explain: (Use an addition	•		□ Yes □ l ssary)	No	
In which state, county	and year did this (these	e) conviction(s	s) occur?			
Other names you have	e used, including maide	en name(s), ar	nd the date(s)	your name(s) c	hanged:	
Please read the following ca	arefully before signing this for	rm:				
volunteering considerations	are Homes of Maine and/or the second in the	ion contained in p	oublic records w	hich could include o	credit history, crim	ninal files at the count
,	ons, companies or corporations or the original. This docum	•		•		
PRINTED FULL NAME OF APP	PLICANT					
APPLICANT SIGNATURE				DATE		