



190 Riverside Street, Unit: 1B, Portland, ME 04103

## STANDARD CARE EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE	LAST NAME	DATE TODAY
STREET ADDRESS			
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED			SALARY EXPECTED
I AM AUTHORIZED TO WORK IN THE UNITED STATES: YES NO			
DO YOU HAVE A VALID DRIVER'S LICENSE? YES			ON WHAT DATE CAN YOU BEGIN?
STATE _____			
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES NO			
ARE YOU AVAILABLE TO WORK FULL TIME PART TIME FULL TIME TEMPORARY			CAN YOU TRAVEL FOR WORK IF NEEDED? YES NO

Please check which days and shifts you are available to work:

DAY OF THE WEEK	1 <sup>ST</sup> SHIFT 8:00 AM TO 4:00 PM	2 <sup>ND</sup> SHIFT 4:00 PM TO 12:00 AM (MIDNIGHT)	3 <sup>RD</sup> SHIFT 12:00 AM TO 8:00 AM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

EMERGENCY CONTACT NAME:		RELATIONSHIP?	
EMERGENCY CONTACT TELEPHONE:			
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, PLEASE EXPLAIN AND INCLUDE 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 AND INCLUDE DATES:			
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU NOW HOLD :			
DSP CRMA CPR/FIRST AID CPI	LCSW LCPC MSW LADC	CAN LPN RN MHRT	OTHER: (List Here)

## EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUSINESS/TRADE TECHNICAL				

## EMPLOYMENT HISTORY

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, PLEASE EXPLAIN WHY:	

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, PLEASE EXPLAIN WHY:	

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO	
IF NO, PLEASE EXPLAIN WHY:	

## MILITARY HISTORY

Did you serve in the US Armed Forces?    Yes                      No                      If yes, in which branch?

Describe any military training you received that you believe would be pertinent to the position for which you are applying.

## REFERENCES

Name	Telephone

Acknowledgment and filling the application \*

1. I certify that the information contained in this application is true and complete.
2. I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.
3. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_