

**Hope Association**

85 LINCOLN AVENUE

RUMFORD, MAINE 04276

(207)364-4561 FAX (207) 369-0141

(Serving our community since 1956)

**APPLICATION FOR EMPLOYMENT**

**General Information**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work Availability**

Position (s) applying for: \_\_\_\_\_

Referred by: \_\_\_\_\_ Classified Advertisement – Where? \_\_\_\_\_

\_\_\_\_\_ Staff of Hope Association – Who? \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a crime? (This will be checked) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you accept full-time work (30+ hours)? ( ) Yes ( ) No

Would you accept part-time/relief work (less than 30 hours)? ( ) Yes ( ) No

Are you willing to work nights, weekends & holidays? ( ) Yes ( ) No

If hired, on what date would you be available for work? \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Have you ever been employed by this organization before? ( ) Yes ( ) No

Dates – From: \_\_\_\_\_ to: \_\_\_\_\_

Do you have any physical limitations that may preclude you from performing any work for which you are being considered? (Includes occasionally lifting up to 40 pounds) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you eligible for employment in the United States? ( ) Yes ( ) No

Has any time restriction been placed on your eligibility for employment in the United States?

( ) Yes ( ) No If yes, what restrictions?

**NOTE:** If hired you are required by law to submit proof of identity and eligibility for employment in the United States.

**Education**

Are you above the age of 18? ( ) Yes ( ) No

High School Graduate or GED? ( ) Yes ( ) No

High School attended: \_\_\_\_\_

**Additional Education/Certifications**

School Name/Certificate _____ _____	Years Attended _____ Course Of Study _____ Degree/Certificate _____
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School Name/Certificate _____ _____	Years Attended _____ Course Of Study _____ Degree/Certificate _____
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**Work Experience (List most recent employer first)**

Employer/ Address _____ _____	Telephone _____ From / To _____ Supervisor _____ Pay: _____
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Reason for Leaving \_\_\_\_\_

Employer/ Address _____ _____	Telephone _____ From / To _____ Supervisor _____ Pay: _____
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Reason for Leaving \_\_\_\_\_

Employer/ Address _____ _____	Telephone _____ From / To _____ Supervisor _____ Pay: _____
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Reason for Leaving \_\_\_\_\_

**Background**

1. Do you have a valid & clean Maine Driver's License? ( ) Yes (proof required if hired) ( ) No  
If no, please explain \_\_\_\_\_
2. Do you have automobile insurance? ( ) Yes ( ) No  
If yes, would you be willing to furnish proof? ( ) Yes ( ) No
3. List any traffic violations or accidents in the last three years: \_\_\_\_\_
4. Are you a Certified Nurses Assistant? ( ) Yes ( ) No
5. Have you ever been a Certified Nurses Assistant ( ) Yes ( ) No

**References**

Name/Address _____ (Name)	Telephone _____
_____	Years Known _____
( address)	

Name/Address _____ (Name)	Telephone _____
_____	Years Known _____
( address)	

Name/Address _____ (Name)	Telephone _____
_____	Years Known _____
( address)	

**Hope Association's Applicant Writing Sample**

Please state your personal view or philosophy regarding people with developmental disabilities.

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What personal characteristics and work ethics do you possess that could make you successful in this position?

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At times, people we serve become aggressive with others around them, to include biting, hitting, kicking, threatening & swearing.

- a. Are you willing and able to work with people who experience such challenges? ( ) Yes ( ) No
- b. Tell us about some techniques you have or may use in such circumstances.

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Hope Association is an equal opportunity employer. It is the policy of HOPE ASSOCIATION not to discriminate on the basis of race, sex, religion, national origin, marital status, sexual orientation, age, weight, height, color or handicap in the hiring, training, scheduling, transfer, promotion, payment or discipline of employees.

Please read the following statements carefully as they constitute conditions for employment with Hope Association.

- The information that I have provided on this application and other application materials is accurate and true to the best of my knowledge. I understand that any misrepresentation or omission of fact on this application, resume, other application materials, or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from HOPE ASSOCIATION employment.
- I agree to protect and not disclose confidential and proprietary information of HOPE ASSOCIATION, people served, or participants entrusted for services by HOPE ASSOCIATION, unless on a “need to know” basis.
- I understand and agree that although HOPE ASSOCIATION makes every effort to accommodate individual preferences, the needs of the people we serve may make the following conditions necessary: overtime, split shifts, rotating work schedules, or work schedules that include holidays & weekends.
- I understand that because HOPE ASSOCIATION wishes, among other things, to provide and maintain a safe and efficient working environment, HOPE ASSOCIATION will not employ persons who use illegal drugs and / or abuse alcohol or drugs, and that HOPE ASSOCIATION retains and may exercise the right to screen from employment such individuals.
- I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that HOPE ASSOCIATION can terminate my employment at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change.
- The persons, schools, current and prior employer (as approved in the Employment History section), and other organizations or employers named in this application and /or references provided by me, is authorized by me to verify the information I have given, and may provide any information they have regarding me, whether or not it is in their records, and to provide HOPE ASSOCIATION with information that may be requested to arrive at an employment decision. I am willing that a photocopy or facsimile of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any information, whether in writing or orally. I also waive and release HOPE ASSOCIATION from any liability arising from reliance on the use, or retention of such information within the context of its applicant review procedures.
- If any above provision is rendered invalid or unenforceable, the balances of this agreement shall remain in effect and valid.
- I understand that my employment at Hope Association is contingent upon a state of Maine driving record check, CNA registry check, Maine criminal background check and proof of current vehicle insurance.

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APPLICANT SIGNATURE

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DATE