



APPLICATION FOR EMPLOYMENT

General Information

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail: _____ Cell: _____ Can we send text msgs? Yes/No

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: _____

Do you have a valid Maine Driver's License? () Yes (proof required if hired) () No

If no, please explain

Do you have automobile insurance? () Yes () No

You will need to furnish proof.

List any traffic violations or accidents in the last three years: _____

Has your driver's license been suspended in the past 5 years? () Yes () No

If yes please explain: _____

*If your driver's license has been suspended in the past 5 years for any reason excluding failure to pay child support you are not eligible to be employed by Hope Association.

Would you accept full-time work (28+ hours)? () Yes () No
Would you accept part-time/relief work (less than 28 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 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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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: _____

Reason for Leaving _____

Contact for Reference? () Yes () No

Employer/ Address _____ Telephone _____

From / To _____

Supervisor _____

Pay: _____

Reason for Leaving _____

Contact for Reference? () Yes () No

Employer/ Address _____ Telephone _____

From / To _____

Supervisor _____

Pay: _____

Reason for Leaving _____

Contact for Reference? () Yes () No

Background

Are you a Certified Nurses Assistant? () Yes () No

Have you ever been a Certified Nurses Assistant () Yes () No

*It is required that all employees have a telephone and to transport clients in a company vehicle or your own personal vehicle. (mileage reimbursable)

References

Name/Address _____ (Name) _____ (address) _____ Relationship to You _____	Telephone _____ Years Known _____
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Name/Address _____ (Name) _____ (address) _____ Relationship to You _____	Telephone _____ Years Known _____
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Name/Address _____ (Name) _____ (address) _____ Relationship to You _____	Telephone _____ Years Known _____
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Hope Association's Applicant Writing Sample

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

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

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.

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 it is a condition of employment that all individuals, staff of agencies, subcontractors and volunteers who provide residential, day, employment or other services to adults with intellectual disabilities or autism must report events that have or may have an adverse impact upon the safety, welfare, rights or dignity of adults with intellectual disabilities or autism and that there may be serious consequences for a mandated reporter who fails to report as required by local, state, or federal laws or rules.
- 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.

APPLICANT SIGNATURE

DATE