GREAT BAY SERVICES 61 Washington Street, Suite 4 SANFORD, ME 207-850-1053

www.greatbayservices.org

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	MIDDLE INITIAL			
ADDRESS street	city	state	zip		
APPLICATION DATE	PHONE	EMAIL			
Are you legally eligible for employment in the Do you possess a current driver's license?	United States?	YES NO YES NO			
CONVICTIONS: Have you ever been convicted of a crime (including misdemeanors, felonies, and arrest) which has not been annulled or expunged or sealed by a court? YES NO Has an allegation of abuse and/or neglect ever been founded against you? YES NO If so, please describe in full: Please note that an affirmative answer does not necessarily mean immediate disqualification for the position available.					
POSITION DESIRED					
SCHEDULE RESTRICTION if any:					
FULL TIME PART TIR If your application is considered favorably, on		DIEM r work?	TEMPORARY		
REFERRAL INFORMATION: How did you learn about us? (Please circ Advertisement (Specify)		Walk In Job Pos Other (Specify)	=		
Do you currently have relatives working at thi If so, please name:	=	Yes NO			
Equal Employment Opportunity: Great I religion, familial status, sexual orientation, an veteran status in its employment practices increcruitment, advertising, treatment during en employees with disabilities pursuant to the Al	cluding hiring, placement, upgradir nployment, and compensation. Re	olitical affiliation, physical ng, transfer or demotion, asonable accommodation	or mental disability, or lay-off, termination,		



EMPLOYMENT HISTORY	LIST MOST RECENT POSITIONS FIRST			
<u>Employer</u>	Supervisor Name			
Employer Address	Phone			
Employer City/State/Zip	Dates of Employment: Start: End:			
Reason for leaving:				
Position and Duties:				
<u>Employer</u>	Supervisor Name			
Employer Address	Phone			
Employer City/State/Zip	Dates of Employment: Start: End:			
Reason for leaving:				
Position and Duties:				
<u>Employer</u>	Supervisor Name			
Employer Address	Phone			
Employer City/State/Zip	Dates of Employment: Start: End:			
Reason for leaving:				
Position and Duties:				
<u>Employer</u>	Supervisor Name			
Employer Address	Phone			
Employer City/State/Zip	Dates of Employment: Start: End:			
Reason for leaving:				
Position and Duties:				
(Please attach an additional sheet to list additional employers) I hereby authorize past employers to provide to Great Bay Services any information available concerning my past or current employment with your organization. I release past employers and their representatives from any liability for damages arising from said information. I understand that this information is confidential between Great Bay Services and the above named organization				
SIGNATURE of applicant:	Date:			
Your name while employed at above (if different):				



EDUCATION					
School Name, City and State	Major	# Years Attended	Degrees Received (Note if diploma or GED Received)		
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER					
LICENSE/CERTIFICATION/REGISTRATION List title, expiration date, serial number and issuing state or agency. If pending, when expected?					
List any training received, hobbies or special skills helpful to job being sought:					
Have you ever had any experience with developmentally disabled or other human services type work? YES NO If yes, how much? Describe responsibilities and the population you worked with:					
OTHER REFERENCES					
Name:		Phone #:	Email:		
Address:		Relationship:			
Name:		Phone #:	Email:		
Address:		Relationship:			
Name:		Phone #:	Email:		
Address:		Relationship:			

What makes you a good candidate for this position?	
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In submitting this application I understand that: Any offer of employment is conditional upon successful completion of criminal checks, driving record checks, Bureau of	∍f
Elderly Adult Services (BEAS), a TB screening and a receipt of satisfactory references. Any material misrepresentation of	
omission of fact in this application or related documents submitted such as resume and reference letters, may result in	
$rejection\ of\ my\ application\ or\ my\ dismissal\ at\ any\ time\ after\ I\ am\ hired.\ In\ connection\ with\ my\ application,\ I\ authorize$	
Great Bay Services and any agent acting on their behalf, to conduct an inquiry of my record of any or all of my former	
and present employers, references, any and all educational institutions, including but not limited to any felony	
convictions or history of child/client abuse. Moreover, I hereby release discharge Great Bay Services, its agents and all others from any liability for damages which	,
may result from such investigation. All responses are correct to the best of my knowledge. I further understand that	
Great Bay Services is an "employment at will" employer and therefore my employment and compensation can be	
terminated at any time with or without cause, either at my option or at the option of Great Bay Services	
Signature: Date:	

