



Application for Employment

E-mail to: jobs@sweetser.org or fax (207) 294-4420

or

Please print and mail to:

Sweetser Human Resources, 50 Moody Street, Saco ME 04072

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applying for _____ Date of application ____/____/____

Location(s) of position(s) _____

Referral Source:

| | |
|--|--|
| <input type="checkbox"/> Employee _____ Name | <input type="checkbox"/> School _____ Name |
| <input type="checkbox"/> Job Fair _____ Name | <input type="checkbox"/> Walk-in _____ Name |
| <input type="checkbox"/> Newspaper _____ Name | <input type="checkbox"/> Website _____ Name |

Name _____
Last First Middle

Mailing Address _____
Street City State Zip Code

Social Security Number ____ - ____ - ____ E-mail Address _____

Contact Phone Numbers (____) ____ - ____ Ext. ____ or (____) ____ - ____ Ext. ____

Are you at least 18 years of age or older? Yes No Have you submitted an application here before? Yes No

Driver license number if driving is an essential job function _____ State ____

Have you ever been employed or been an Affiliate here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range or hourly rate ? \$ _____

Type of employment desired Full-time Part-time Temporary Per Diem

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Employment History (Please complete even if resume is attached.)

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | |
|---|-----------------------------|---|
| | () - Ext | Summarize the type of work performed and job responsibilities |
| Employer | Telephone Number | |
| Address | From _____ to _____ | |
| Job Title | Dates employed (month/year) | |
| Immediate Supervisor and Title | \$ | |
| Reason for leaving | Salary/Hourly rate | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
| | () - Ext | Summarize the type of work performed and job responsibilities |
| Employer | Telephone Number | |
| Address | From _____ to _____ | |
| Job Title | Dates employed (month/year) | |
| Immediate Supervisor and Title | \$ | |
| Reason for leaving | Salary/Hourly rate | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
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| Immediate Supervisor and Title | \$ | |
| Reason for leaving | Salary/Hourly rate | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |

Comments: Including explanation of any gaps in employment

References

Please list name and telephone number of three work-related references. Two of these must be current or previous supervisors. Letters of recommendation may be substituted as references.

| Name | Work relationship | Telephone number | E-mail Address | Number of years known |
|------|-------------------|--|----------------|-----------------------|
| | | (____) ____ - ____ Ext. ____ (____) ____ - ____ Ext. ____ | | |
| | | (____) ____ - ____ Ext. ____ (____) ____ - ____ Ext. ____ | | |
| | | (____) ____ - ____ Ext. ____ (____) ____ - ____ Ext. ____ | | |

Education Background

List last three (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any. Note major field of study.

| School | Number of years completed | Degree/Diploma | Major |
|--------|---------------------------|----------------|-------|
| | | | |
| | | | |
| | | | |

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc. Exclude items that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Information Release Consent

Pursuant to 22 MRSA, Subtitle 6 (Facilities for Children and Adults), I hereby give my informed consent for the State and Federal Bureaus of Identification to provide Sweetser with a copy of my criminal history record information.

If I have direct contact with Sweetser clients, I authorize Sweetser to perform a Child Protective Search through the State of Maine Department of Human Services.

I also authorize Sweetser to conduct a check of my driving record through the Maine State Division of Motor Vehicles or any other State's Division of Motor Vehicles.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and Information Release Consent.

Signature of Applicant (electronic signature is acceptable)

Date

