



Supporting Men and Women with Disabilities

Application for Employment

We consider applicants for all positions without regard to national origin, gender, age, religion, creed, disability, marital or military status, sexual orientation, genetic information, or any other legally protected status. We offer reasonable accommodations to qualified persons with disabilities.

Position applied for:	Date:
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Please check the program / service / office you wish to apply for a position at:

<input type="checkbox"/>	Amicus Case Management	<input type="checkbox"/>	Community Skills / Community Supports	<input type="checkbox"/>	Penobscot Valley Industries
<input type="checkbox"/>	Amicus Corporate Offices	<input type="checkbox"/>	Home Supports	<input type="checkbox"/>	Ralph Leek Elders
<input type="checkbox"/>	Bouchea Center for Learning	<input type="checkbox"/>	Phoenix Pathways to Employment	<input type="checkbox"/>	

Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Telephone Number	Email Address
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Please indicate the name of any relative or cohabitant (household member) who is currently employed by any of the Amicus Programs, services, or offices:

	YES	NO
Are you over age 18?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please enter date: _____		
Have you ever been employed with us before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please enter dates: _____		
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your past and present employers?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>

On what date would you be available for work? _____

Are you available to work:	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Scheduled Substitute	<input type="checkbox"/>	On-Call Substitute
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Documentation of education will be required upon employment.

Education	Name of School Address of School	Courses of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List professional, trade, business, volunteer, or civic activities and offices held. You may exclude membership which would reveal national origin, gender, age, religion, creed, disability, marital or veteran status, sexual orientation, genetic information, or any other legally protected status.

Any additional information you feel may be helpful to us in considering your application?

EMPLOYMENT EXPERIENCE

Please fill out this section **completely** whether you have submitted a resume or not. Include any job-related military assignments and do not omit any employers. Start with your most recent job and if you need more space, please insert as many pages as you need.

Employer:	Dates of Employment:
	From _____ To _____
Address:	Work Performed:
Telephone:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Employer:	Dates of Employment:
	From _____ To _____
Address:	Work Performed:
Telephone:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Employer:	Dates of Employment:
	From _____ To _____
Address:	Work Performed:
Telephone:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Employer:	Dates of Employment:
	From _____ To _____
Address:	Work Performed:
Telephone:	

Job Title:	
Supervisor:	
Reason for Leaving:	

BACKGROUND INFORMATION

Amicus conducts state and federal background searches for all employees. If you answer “yes” to any of the following questions, please provide an explanation on the following page.

Adult Protective:

YES NO

Have you ever had a substantiated allegation as the result of an Adult Protective Investigation?

Child Protective:

Have you ever had a substantiated allegations as the result of a Child Protective Investigation?

Criminal:

Have you ever been convicted of a crime? If you answer “yes”, please provide an explanation on the following page.

Conviction or substantiation will not necessarily disqualify an applicant from employment.

(State criminal records provide information from 18 years of age to the present)

Medicare/Medicaid Exclusion:

Have you ever been excluded from state or federal healthcare programs?

Motor Vehicle:

Do you have a current valid Maine Driver’s License?

Have you ever had a driver’s license in a state other than Maine?

If yes: Dates: _____ State(s): _____

Have your privileges to operate or register a motor vehicle in any state ever been **suspended, revoked, or subjected to any limitations**? If yes, give details on the following page.

Have you ever been convicted or admitted to any **violation** of law in connection with operating or owning a motor vehicle, or been adjudged to have committed any traffic infraction? If yes, please indicate the date of judgement, the court, and a description of the offense on the following page.

Violations may include: Speeding, careless driving, improper lane change, failure to yield, failure to obey traffic signal or sign, or an at-fault accident.

Have you ever been involved in an accident involving bodily injury, death, or property damage over \$500? If yes, please give the date and full details of such accident, injuries, and damage on the following page.

If you answered “yes” to any background information questions on the previous page, please provide an explanation below:

Adult Protective:

Child Protective:

Criminal:

Medicare/Medicaid Exclusion:

Motor Vehicle:

If your privileges to operate or register a motor vehicle in any state have ever been suspended, revoked, or subjected to any limitations, please explain:

If you have ever been convicted or admitted to any **violation** of law in connection with operating or owning a motor vehicle, or been adjudged to have committed any traffic infraction, please indicate the date of judgment, the court, and a description of the offense.

Violations may include: speeding, careless driving, improper lane change, failure to yield, failure to obey traffic signal or sign, or an at-fault accident.

If you have ever been involved in an accident involving bodily injury, death, or property damage over \$500, please give the date and full details of such accident, injuries, and damage:

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____

Address: _____
Street or PO Box City State Zip Code

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____
Street or PO Box City State Zip Code

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____
Street or PO Box City State Zip Code

Telephone: (____) _____

LIABILITY RELEASE STATEMENT / PLEASE READ AND SIGN

I certify that all answers to the questions on this application are true and complete. I authorize you to investigate all statements herein as you deem necessary. I hereby release Amicus, its officers, directors, shareholders, and all persons, companies or corporations contacted from any liability arising from furnishing such information. I understand that any false or misleading information given in my application or interviews may result in denial of employment or discharge.

I understand that this application for employment will be active for a period of up to 45 days, and that a new application is needed for me to be considered for openings thereafter.

I understand that I must successfully pass any physical examination required before employment is effective. I understand that the use of this application does not indicate any openings exist and does not in any way obligate you to hire me.

I understand that the agency's written policies are not guarantees, or part of a contract, and they do not change the at-will employment relationship. I understand that I will be expected to follow the agency's rules if hired.

Signed: _____ Date: _____
(Signature of Applicant)