

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

# Application for Employment

"The Key to Unlocking Your Potential"



Living  
Independence  
Network  
Corporation

180 Main Street

P.O. Box 2047

Norway, ME 04268

(207) 743-7400 or (877) 748-7400

TTY Calls: 1-800-437-1220 or Voice Calls: 1-800-457-1220

Directions: Complete all sections of this Application for Employment and return it by mail or in person to Human Resources at the address above prior to your interview.

# Application for Employment

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

**(PLEASE PRINT)**

|   |                            |             |          |
|---|----------------------------|-------------|----------|
| Position(s) Applied For   | Date of Application<br>    |             |          |
| How Did You Learn About Us?<br><input type="checkbox"/> Career Center <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair<br><input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Website (Name) _____ <input type="checkbox"/> Other _____ |                            |             |          |
| Last Name   | First Name                 | Middle Name |          |
| Address   | City                       | State       | Zip Code |
| Telephone Number(s)   | Social Security Number<br> |             |          |

Are you over 18 years of age?  Yes     No

Have you ever filed an application with us before?  Yes     No  
 If Yes, give date \_\_\_\_\_

Have you been employed with us before?  Yes     No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes     No

May we contact your current/prior employer?  Yes     No

On what date will you be available for work? \_\_\_\_\_

Are you willing to work:  Full Time     Part Time     On Call     Temporary  
 Early Mornings (6-8)     Days/Afternoons     Evenings (6-10)     Weekends

Do you possess a valid Maine driver's license?  Yes     No

Have you been charged with any Driving Violation(s) within the past three (3) years?  Yes     No

Have you ever been convicted of any crime, including a misdemeanor, or plead guilty, or nolo contendere?  Yes     No

A "Yes" answer will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

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

# Education

|                       | Name & Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|--------------------------|-----------------|-----------------|----------------|
| High School           |                          |                 |                 |                |
| Undergraduate College |                          |                 |                 |                |
| Graduate Professional |                          |                 |                 |                |
| Other (Specify)       |                          |                 |                 |                |

(i.e. Business College, Special Courses – include Military Training, Post Graduate & Nursing)

| Indicate any foreign languages you can speak, read and/or write (include ASL) |        |  |  |
|---|--------|--|--|
|   | Fluent |  |  |
| Speak   |        |  |  |
| Read  |        |  |  |
| Write   |        |  |  |

## LICENSURE PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently:  Registered  Licensed  Certified

Are you eligible for any of the above? Please Specify \_\_\_\_\_

|            |   |              |                 |     |
|------------|---|--------------|-----------------|-----|
| Licensed   | Type  | State Issued | Expiration Date | No. |
| Registered | Type  | State Issued | Expiration Date | No. |
| Certified  | <input type="checkbox"/> CPR      Expiration Date _____<br><input type="checkbox"/> First Aid      Expiration Date _____<br><input type="checkbox"/> Blood Bourne      Expiration Date _____<br><input type="checkbox"/> BHP      Issue Date _____ Issued By _____<br><input type="checkbox"/> BS1      Issue Date _____ Issued By _____<br><input type="checkbox"/> Other _____<br>_____ |              |                 |     |

Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate?  Yes  No If yes, please explain in detail.

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# Employment Experience

| Employer            | Dates Employed |    | Work Performed |
|---------------------|----------------|----|----------------|
|                     | From           | To |                |
| Address             |                |    |                |
| Telephone Number(s) |                |    |                |
| Job Title           | Supervisor     |    |                |
| Reason for Leaving  |                |    |                |

| Employer            | Dates Employed |    | Work Performed |
|---------------------|----------------|----|----------------|
|                     | From           | To |                |
| Address             |                |    |                |
| Telephone Number(s) |                |    |                |
| Job Title           | Supervisor     |    |                |
| Reason for Leaving  |                |    |                |

| Employer            | Dates Employed |    | Work Performed |
|---------------------|----------------|----|----------------|
|                     | From           | To |                |
| Address             |                |    |                |
| Telephone Number(s) |                |    |                |
| Job Title           | Supervisor     |    |                |
| Reason for Leaving  |                |    |                |

| Employer            | Dates Employed |    | Work Performed |
|---------------------|----------------|----|----------------|
|                     | From           | To |                |
| Address             |                |    |                |
| Telephone Number(s) |                |    |                |
| Job Title           | Supervisor     |    |                |
| Reason for Leaving  |                |    |                |

If you need additional space, please continue on a separate sheet of paper.

|  |
|--|
| May we contact your present employer? Yes ____ No ____ |
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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Professional References *(no personal references please)*

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

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

Relationship: \_\_\_\_\_ Time worked with: \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

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

Relationship: \_\_\_\_\_ Time worked with: \_\_\_\_\_

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

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

Relationship: \_\_\_\_\_ Time worked with: \_\_\_\_\_

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

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

Relationship: \_\_\_\_\_ Time worked with: \_\_\_\_\_

5. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

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

Relationship: \_\_\_\_\_ Time worked with: \_\_\_\_\_

# Applicant Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment. I specifically authorize LINC to conduct a criminal background check, motor vehicle background check and a child protective background check.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship can only be changed via a written document expressly titled "Contract of Employment" and signed by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application, interview(s), or information withheld may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State any additional information you feel may be helpful to us in considering your application.

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Living Independence Network Corporation is an equal opportunity employer dedicated to a policy of nondiscrimination in employment on the basis of race, sex, physical or mental disability, religion, age, ancestry or national origin, or of any other classification protected by law.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.