

EMPLOYMENT APPLICATION

Independence Association, Inc. is an Equal Opportunity Employer. The Association hires, trains, promotes and retains employees based on competence, performance, and potential without regard to race, creed, color, religion, sex, marital status, national origin, age, disability, veteran status or any other conditions prescribed by state or local law. Any applicant requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department at 207-725-4371.

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address					Apartment/Unit #		
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.			Desired Salary		
Position Applied for							
Are you legally eligible for employment in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, you are required to provide proof of your eligibility to work in the United States.			
Have you ever worked for Independence Association in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever applied for work with Independence Association in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever volunteered for Independence Association in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
How did you hear about employment opportunities at Independence Association?							
If you were referred by a current or former employee of the Association, please provide their name:							
<i>Independence Association operates residential, day programming, employment, in home support, and Independent living programs on a 24 hour basis, 365 days each year. As such, employees must be willing to work in several locations and/or departments and may be expected to do so on weekends and holidays.</i>							
Are you willing to work overtime, on weekends, and on holidays?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Are you interested in full time work, at least 30 hours each week?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how many hours each week are you available?			
PLEASE LIST THE HOURS YOU ARE AVAILABLE FOR EACH DAY BELOW:							
AVAILABILITY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAYS							
EVENINGS							
OVERNIGHTS							

BACKGROUND INFORMATION			
Do you have a valid Maine Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:
Do you have current automobile insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
List any violations or accidents in the last three years:			
Have you ever been investigated for abuse/neglect to children or other individuals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever been convicted of or pleaded guilty or no contest to any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever been suspended, placed on probation or discharged by a prior employer for absenteeism, tardiness, failure to notify your employer when absent or any other attendance related reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been suspended, placed on probation or discharged by a prior employer for theft, unauthorized removal or use of company property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been suspended placed on probation or discharged by a prior employer for being under the influence of alcohol or drugs or for possession, use or abuse of alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you listed on the exclusion list of the Office of Inspector General?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

REFERENCES	
Please list three professional /educational references. Include at least two supervisory references. ***PERSONAL REFERENCES NOT ACCEPTED	
Full Name	Relationship
Company	Phone ()
Years Known	
Full Name	Relationship
Company	Phone ()
Years Known	
Full Name	Relationship
Company	Phone ()
Years Known	

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT EMPLOYER FIRST)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

CERTIFICATIONS AND FORMAL TRAININGS			
Please indicate whether you hold currently, have held in the past, or would like to pursue the following certifications and trainings:			
Certification or Training Title	CURRENTLY HOLD	HAVE HELD IN PAST	INTERESTED
First Aid			
CPR			
CNA			
American Sign Language			
MHRT-1			
MHRT/C			
BS I			
MANDT, NAPPI, or CPI			
Advanced Lifesaving			
Supervision			
CRMA			
BHP			
Applied Behavioral Analysis			
Direct Support Curriculum			

PROFESSIONAL ACTIVITIES
Please list any relevant professional, trade, business, or civic activities and offices held, and/or special job related skills and qualifications that are applicable to the position you are applying for. You may exclude any organizations or affiliations that indicate race, creed, color, religion, sex, marital status, national origin, age, disability, veteran status or any protected status.
Please let us know what your career aspirations are and how this position can assist you in achieving your goals.

APPLICANT'S SIGNATURE (PLEASE READ CAREFULLY BEFORE SIGNING)

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment with Independence Association, Inc. It is my understanding that Independence Association, Inc. may make a thorough review of my experience and education and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such review and the giving and receiving of any information requested by Independence Association, Inc. I release from liability any person giving or receiving such information. Falsification of data, so given, or other derogatory information discovered as a result of this review may prevent me from being hired, or if hired, may subject me to immediate dismissal.

Although Independence Association, Inc. makes every effort to accommodate individual preferences, resident and consumer needs may, at times, make the following work conditions mandatory: overtime, shift work, holiday work, rotating schedules, changing locations, and/or work schedules other than that which I may be hired for. I understand and accept these conditions of my future or continuing employment. I understand that if I am employed, such employment is for an indefinite period of time and may be terminated at any time without prior notice and without cause. Independence Association, Inc. may change wages, benefits, and conditions of my employment at any time. I further understand and agree that this application is not intended to be a contract of employment nor does this application obligate Independence Association, Inc. in any way if it decides to employ me.

I understand that the position I am applying for may involve implementing crisis prevention and intervention services and techniques which may include lifting, pulling and guiding persons with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities of the position for which I am applying with or without reasonable accommodation.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

In so signing, I agree that I fully understand and accept all terms and conditions of the pre-employment screening process

Signature of Applicant:**Date:****AUTHORIZATION FOR BACKGROUND CHECKS**

I hereby authorize individuals, company, or institutions listed on my application or resume to furnish Independence Association with any information concerning me which they may have on record. I hereby release these individuals, companies or institutions and all individuals connected therewith, including Independence Association, Inc. from all liability for any damages incurred in furnishing such information. I understand this information is being released to Independence Association, Inc. in confidence and will not be shared with me.

I authorize Independence Association to complete employment eligibility checks for criminal, motor vehicle, child protective services, adult protective services and other areas as outlined by appropriate funding sources. I have read and understand the questions asked of me in this application. I understand that I may speak with a representative from the Independence Association, Inc.'s Human Resources Department if I have any questions regarding this form. I understand that prior convictions of crimes, driving record entries and child or adult protective services histories may stay on my record indefinitely.

Please complete the information below for use in the background check process.

Applicant's Name:

Other Names Used (maiden):

Driver's License #:

Type:

State:

Applicant's Social Security Number:

Signature of Applicant:**Date:**