

INDEPENDENCE ASSOCIATION INC.
PO Box 642
Brunswick, ME 04011
(207) 725-4371

APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date: _____

Procedure: This form is to be filled out by the applicant in order that Independence Association can screen the applicant's application and accompanying materials. We are required by our Funding sources to do certain pre-employment screening. All information requested on this application must be filled out. Failure to fill out the entire application may result in a delay in the hiring process or Independence Association not being able to hire the applicant. Any questions about the information requested or this process should be forward to the Director of Human Resources.

1. Do you have your own vehicle for transportation to work? Yes No

2. Do you consider yourself a good speller? Yes No

3. How would you describe your punctuation and grammar?

____Excellent ____ Good ____Fair ____Poor

4. Please answer the following questions (use the back of this page if necessary):

a) Please describe your personal statement of philosophy regarding people with disabilities.

b) Describe the approach you would use to teach a person with a disability a new skill.

c) How would you assist someone with a disability to experience a more inclusive community?

PERSONAL DATA

Name: _____ Date: _____ Telephone: _____

Address: _____ Town: _____

How did you hear about us?

Current Employee Former Employee Newspaper Ad (which one): _____

Friend Walk In Job Fair Career Center Other (please specify) _____

Have you ever applied for employment with us? Yes No If yes, when? _____

Have you ever worked for Independence Association before? Yes No If yes, when? _____

Position desired: _____ Pay expected: _____

Apart from absence for religious observance, are you available for full-time work? Yes No

What hours can you work? Please be specific.

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

When will you be able to begin work? _____ Will you work overtime, if asked? Yes No

Are you legally eligible for employment in the United States? Yes No

EDUCATION

Level	Name and Location of School	Course of Study	No. of years	Did you Graduate?	Diploma Or Degree
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Grad/Advance _____

College _____

High School _____

Other _____

Current or past membership in professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin).

CERTIFICATION/TRAINING/EXPERIENCE: (Current/Past) Check those which apply.

- | | |
|--|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Advance Lifesaving |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Typing |
| <input type="checkbox"/> CAN | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Medication Administration (CRMA) |
| <input type="checkbox"/> MHRT I | <input type="checkbox"/> MHRT II |
| <input type="checkbox"/> BS I | <input type="checkbox"/> CALLO Training |
| <input type="checkbox"/> Non-Abusive Physical & Psychological Intervention (Mandt, Nappi, CPI, etc.) | |
| <input type="checkbox"/> Direct Support Professional | |

Current certification in any areas indicated above must be produced upon hiring.

MISCELLANEOUS

Do you have a valid State of Maine Driver's license? Yes No Number _____

Do you have auto insurance? Yes No

Are you willing to provide us with a copy of insurance, if hired? Yes No

Have you had any traffic violations in the last three years? Yes No

If yes, explain. _____

Have you ever been excluded from participation in State or Federal health care programs? Yes No

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain: _____

Have you ever been investigated by State of Maine DHHS Adult Protective Unit or the Adult Protective Unit of any other state or province? ___ Yes ___ No If yes, please explain: _____

What is/are your future job aspiration(s)? _____

List two (2) work and one (1) personal reference we may contact.

Name	Title	Address	Telephone
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(w) _____

(w) _____

(p) _____

COMMENTS:

EMPLOYMENT: Start with present or most recent employer. Please account for all employment.

Other names you have been employed under: _____

1. Company Name: _____ Telephone: () _____

Address: _____

Job Title and Description of Responsibilities: _____

Employed (state month and year): From: _____ To: _____

Reason for leaving: _____

2. Company Name: _____ Telephone: () _____

Address: _____

Job Title and Description of Responsibilities: _____

Employed (state month and year): From: _____ To: _____

Reason for leaving: _____

3. Company Name: _____ Telephone: () _____

Address: _____

Job Title and Description of Responsibilities: _____

Employed (state month and year): From: _____ To: _____

Reason for leaving: _____

4. Company Name: _____ Telephone: () _____

Address: _____

Job Title and Description of Responsibilities: _____

Employed (state month and year): From: _____ To: _____

Reason for leaving: _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE
THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT

Employer Number: _____ Reason: _____

I UNDERSTAND/AGREE THAT:

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. make every effort to accommodate individual preferences, resident and consumer needs may, at times, make the following work conditions mandatory: overtime, shift work, holidays, a rotating schedule, a work schedule other than 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 that Independence Association, Inc. may change wage, benefits, and conditions of my employment.

I understand that the position I am applying for may involve implementing crisis prevention and intervention services 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.

I have read and understand the above.

APPLICANT'S SIGNATURE: _____ DATE: _____

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, SEXUAL ORIENTATION, NATIONAL ORIGIN OR HANDICAP. INDEPENDENCE ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER.

Release for Information

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

Signature of Applicant: _____

Date: _____

Print Name: _____

I authorize Independence Association to complete employment eligibility checks for criminal, motor vehicle, child protective and other areas. I have read and understand the questions asked of me in the application. I understand that I can speak to a representative from the Independence Association Human Resources Division if I have any questions regarding this form. I understand that prior convictions of crimes, driving record entries and child protective histories may stay on my record indefinitely.

Signature of applicant: _____

Date: _____

Print name: _____

Information needed to obtain background checks (this information will only be used to access this information, no other purpose in the hiring process):

Applicant's date of birth: _____

Previous names of the Applicant: (please include all):

Additionally, please completely fill out the attached forms for the Child Protective Services Background Check.



MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
INITIAL RELEASE AUTHORIZATION FOR
MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

John Elias Baldacci
Governor

AGENCY ID# 494
AGENCY NAME: Independence Association

I _____ authorize release of confidential information by
(Please print clearly)
the Maine Department of Health & Human Services, Bureau of Child and Family Services regarding whether I have
been involved in a substantiated Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W., payable to the Treasurer, State of Maine.

I authorize release of this information to the agency/service provider identified below.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children and families for this agency
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this
Information:
Independence Association
PO Box 642
Brunswick, ME 04011

My date of birth: _____

Other Names I have been known by, including maiden name

Signature (subject of records research)

Date

Address

This form should be completed by the individual who is the subject of the child protective research request. This form should accompany the 083 Findings Form. Please include a self addressed postage paid return envelope and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail your request to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333. For questions, please call 1-800-452-1999 x2.



State of Maine
 Department of Health and Human Services
 Child Protective Intake, Records Research
 SHS 11, 2 Anthony Avenue
 Augusta, ME 04333-0011
 1-800-452-1999 x 2

Agency ID #: 494

John Elias Baldacci
 Governor

To: Kara Thompson
 Independence Association
 PO Box 642
 Brunswick, ME 04011

1. Name of subject of child protective records research: _____
2. Date of Birth: _____
3. Other Names Known By: _____
4. Today's Date: _____

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person, You included the \$15.00 fee per person, payable to the Treasurer, State of Maine.

This search has several limitations, Only allegations of child abuse or neglect that were substantiated are included, Reports or requests for services referred out to other resources are not included, Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our central case records file found that:

- This person was not involved in a substantiated child protection case,
- Research of our family case records found that this person was involved in a substantiated child protection case, Before we can provide information about the nature of this person's involvement, ,we will need a subsequent release This must be on the Department's form to authorize release of confidential child protective services case records information (BCFSCP-084),
- The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18,

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section 4008, Any unlawful dissemination is a Class E Crime, punishable by a fine of not more than \$500,00 or by imprisonment for not more than 30 days,

If you have questions about this information please call 1-800-452-1999 x2

Sincerely,

Child Protective Intake Unit

OCFSCP-083
 Findings Form
 Updated 03/08