



APPLICATION FOR EMPLOYMENT

**21 MAIN ST. STE 301
BANGOR, ME 04401
PHONE: (207) 941-8727 / FAX: (207) 945-5453**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

_____ Position Applied For _____ Date

Job Express

_____ Last Name _____ First Name _____ Middle Initial

_____ Address _____ City _____ State _____ Zip

_____ Telephone Number _____ Social Security Number

Are you over age 18? If not, please provide proof of your eligibility to work with this application. _____ Yes _____ No

Have you ever been employed with us before? _____ Yes _____ No
If yes, give date: _____

Have you ever been convicted of a crime? _____ Yes _____ No
(conviction will not necessarily disqualify an applicant from employment)
If yes, please explain: _____

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). _____ Yes _____ No

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

NOTE TO APPLICANTS:

Before answering this question, please be sure you are informed about the requirements of the position for which you are applying.

Are you physically and mentally able to perform all of the duties of the position for which you are applying, with or without reasonable accommodation?

_____ Yes _____ No

EDUCATION:

Documentation of required certification, licensure, or education/training will be requested upon employment.

	Name & Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Specialized Training, Apprenticeship, Skills				

Indicate any foreign languages you can speak, read, and/or write: _____

List professional, trade, business, volunteer, or civic activities and offices held (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status). _____

Do you possess any professional skills or training? (Please describe)

EMPLOYMENT EXPERIENCE:

Give complete and accurate information of the last 15 years of your employment history, and any job-related military service. Use additional sheets if needed. Start with your present or last job.

May we contact your past and present employers? Yes No

Employer: _____ Dates: from _____ to _____

Address: _____

Telephone#: _____ Wage: _____

Job Title: _____ Supervisor: _____

Position required: _____

Reason for leaving: _____

Employer: _____ Dates: from _____ to _____

Address: _____

Telephone#: _____ Wage: _____

Job Title: _____ Supervisor: _____

Position required: _____

Reason for leaving: _____

Employer: _____ Dates: from _____ to _____

Address: _____

Telephone#: _____ Wage: _____

Job Title: _____ Supervisor: _____

Position required: _____

Reason for leaving: _____

Employer: _____ Dates: from _____ to _____

Address: _____

Telephone#: _____ Wage: _____

Job Title: _____ Supervisor: _____

Position required: _____

Reason for leaving: _____

Employer: _____ Dates: from _____ to _____

Address: _____

Telephone#: _____ Wage: _____

Job Title: _____ Supervisor: _____

Position required: _____

Reason for leaving: _____

REFERENCES:

References should include 3 professional references. One needs to be a supervisory reference.

1. _____
Name Telephone Number

Complete Address

_____ (relationship)

2. _____
Name Telephone Number

Complete Address

_____ (relationship)

3. _____
Name Telephone Number

Complete Address

_____ (relationship)

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 also authorize you to contact prior employers and references given to obtain personal information about me, and to rely on information you receive in any such inquiries you may make. I hereby release all persons, companies or corporations contacted by you 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 give permission for the corporation to conduct a State Bureau of Investigation (SBI) and Department of Health Human Services (DHHS) background check.

I understand that this application for employment will be active for a period of up to 60 days, and that a new application is needed to be considered for openings thereafter. I understand that the use of this application does not indicate that any openings exist and does not in any way obligate Allies Inc. to hire me, or interview me. The application process is not a guarantee of employment and/or does not imply any contract or agreement between Allies Inc and myself.

I understand that Allies Inc. is an “at-will” agency and can terminate employment with or without cause. I understand that this relationship cannot be changed by verbal statements made to or by me, without an express written agreement signed by the Executive Director of the corporation. I understand that the corporation’s written policies are not a guarantee 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 corporation’s rules if hired.

Signature of Applicant

Date