

Applicant Information

Name	_____	Date	_____
Address	_____	Social Security #	_____
City	_____	State	_____ Zip _____
Mailing Address	_____	E-mail	_____
City	_____	State	_____ Zip _____
Telephone	_____	Cell Phone	_____

Referral Inquiry

Referral Source Newspaper _____ Television On line
 Friend Employment Agency Other _____

Have you previously applied for or worked for Support Solutions or any of its divisions? Yes No
If yes, please give dates _____

Do you have relatives or friends who work or have worked for Support Solutions? Yes No
If yes, Name of employee _____

If referred by a current Support Solutions' employee, list: Name of employee _____
Relationship _____

Availability

For what type of position(s) are you applying? _____

Type of employment desired: Full Time Part Time Relief

Please indicate what hours you are available to work. Please mark preferred availability.

Shift	Approx. Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st	Schedule							
2 nd	Times							
3 rd	Will Vary							

Are you available to work: Weekdays Weekends Holidays

Transportation

Do you have reliable transportation? Yes No

Is your vehicle insured? Proof of automobile insurance is required. Yes No

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

Other

Do you have the legal right to reside and work in the U.S.? (Proof of citizenship or resident alien status will be required after employment.) Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No
If yes, please explain _____

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse, neglect, or fraud? Yes No
If yes, please explain when, where and nature of the case. _____

What, if any, is your experience working with children/adults with special needs? _____

Do you need special accommodations to be able to perform the essential functions of the position for which you are applying? Yes No
If yes, please explain _____

Educational Background

School Name	Address	Number of Years Completed	Diploma/ Degree	Major
Other Training or Certificates				
Name	Address			Date
Other specialized training / educational experience relevant to position(s).				

Professional References

Please list **professional references not related to you**. Professional references may be used in addition to employment references, for example, current/former supervisor, professor, clergy, coach etc.

Name		Telephone		Number Years Known	
Affiliation		Address			

Employment History

List employment history beginning with the last or current position. Please include any work performed on a volunteer basis, time spent in military service, or full time education. You may submit a resume in addition to completing this employment history or use additional sheets to complete your employment history. **A resume does not take the place of completing this employment history.** Please include at least your last three employers.

EMPLOYER INFORMATION	EMPLOYMENT INFORMATION		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
EMPLOYER NAME	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR'S NAME	\$	PER	
SUPERVISOR'S TITLE			
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Employment History (continued)

EMPLOYER INFORMATION	EMPLOYMENT INFORMATION		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
EMPLOYER NAME	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR'S NAME	\$	PER	
SUPERVISOR'S TITLE			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EMPLOYER INFORMATION	EMPLOYMENT INFORMATION		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
EMPLOYER NAME	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR'S NAME	\$	PER	
SUPERVISOR'S TITLE			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EMPLOYER INFORMATION	EMPLOYMENT INFORMATION		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
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ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR'S NAME	\$	PER	
SUPERVISOR'S TITLE			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Comments - Including explanation of any gaps in employment

Applicant Statements and Agreements

Equal Employment Statement

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Support Solutions will be based on merit, qualifications, and abilities. It is Support Solutions' policy to abide by all applicable State and Federal laws and regulations pertaining to nondiscrimination, including the Maine Human Rights Act, Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act. Support Solutions does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, sexual preference, national origin, age, disability or any other characteristic protected by law.

Applicant Agreement

I acknowledge that the information I have supplied is correct to the best of my knowledge and belief. I understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or for dismissal from subsequent employment.

I understand that consideration for employment is contingent on the results of a reference and background check including but not limited to a driver's record check and conviction check through the State Bureau of Identification and FBI background check. I authorize Support Solutions to investigate all statements made on my application and to discuss the results of this investigation with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or other persons providing information to Support Solutions. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time, by Support Solutions or me. I also understand that while personnel policies, programs, procedures and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's executive director.

I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment records to Support Solutions or its agents and representatives.

Confidentiality Agreement

I understand that by signing below I acknowledge and agree that the confidentiality of all protected health information to which I may gain access or unintended access is protected by State and Federal law. I further acknowledge and agree that I will not use or disclose any protected health information at any time for any reason whatsoever.

I certify that I have read, fully understand and accept all of the terms of the Equal Employment Statement, Applicant Agreement, and Confidentiality Agreement.

Signature of Applicant

Date

Lewiston Office
124 Canal Street
Lewiston, Maine 04240

**Please Visit our website for More
Information!**
www.supportsolutions.org

Saco Office
56 Industrial Park Road
Saco, Maine 04072

Phone: 207.795.0672
Fax: 207.777.1109

Phone: 207.294.7458
Fax: 207.294.7437



Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve / national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Applicant Information PLEASE PRINT

Name _____ Social Security Number _____

Male Female

Referral Source

Position(s) applied for _____ Date _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source | | <input type="checkbox"/> Other |

Name of person who referred, if applicable _____

Equal Employment Opportunity Identification Groups PLEASE CHECK ONE OF THE FOLLOWING

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> White (not Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Other _____ |

Disability Status

Definition – Any person who has a physical or mental impairment which substantially limits a person’s major life activities, has a record of such impairment, or is regarded as having such impairment under the Americans with Disabilities Act.

Disabled, as defined above Not Disabled

Veteran Status

Non-Veteran Veteran of the Vietnam Era Veteran of Non-Vietnam Eras Disabled Veteran

For Administrative Use Only

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials / Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office / Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |