



SUPPORT SOLUTIONS

Employment Application

Applicant Information

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

Referral Inquiry

Referral Source Social Media _____ Employment Website Other
 Friend Specify: _____ Specify: _____
 Have you previously applied for or worked for Support Solutions? 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 _____

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. If not available for standard shifts, please mark preferred availability.

Shift	Approx. Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st	6am – 7pm							
2 nd	11:30am – 11pm							
3 rd	8pm – 9am							

Are you available to work: Weekdays Weekends Holidays

Transportation

Do you have reliable transportation? Yes No
 Is your vehicle insured? Yes No
 Do you have a valid **Maine** driver's license? Yes No
 Maine driver's license: # _____
 If no, and you do have a valid driver's license: Yes No What state? _____

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 if selected for hire.) 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, fraud, or neglect? Yes No
 If yes, please explain when, where and nature of the case. _____
 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, mentor, etc.

Name	Address	Telephone	Number Years Known	Affiliation

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	
COMPANY	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE			
SUPERVISOR'S NAME			
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
COMPANY	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE			
SUPERVISOR'S NAME			
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
COMPANY	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE			
SUPERVISOR'S NAME			
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
COMPANY	DATES EMPLOYED		
TELEPHONE	FROM	TO	
ADDRESS			
JOB TITLE			
SUPERVISOR'S NAME			
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, gender identity, 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. 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

Auburn Main Office
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Auburn, Maine 04210
Phone: 207.795.0672
Fax: 207.777.1109

Please Visit us online!
www.supportsolutions.org

Find us on Social Media:
[facebook.com/supportsolutionsme](https://www.facebook.com/supportsolutionsme)
and [instagram@supportsolutionsinc](https://www.instagram.com/supportsolutionsinc)