

**Special Children's Friends**  
**78 Union Street**  
**Ellsworth, ME 04605**

**EMPLOYMENT APPLICATION**

**Date:** \_\_\_\_\_

**Equal Opportunity Employer**

In compliance with federal and state employment opportunity laws, all qualified candidates will be considered for employment regardless of race, religion, color, ancestry, sex, age, veteran status or disability.

**Personal Information**

**Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Legal Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**May we contact you at work?** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

**Can you perform the essential functions of this work with or without reasonable accommodations?** \_\_\_\_\_

**Are you 18 years of age or older?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you prevented from lawfully becoming employed in this country because of visa or immigration status?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ (proof of citizenship or immigration status will be required if employed)

**Do you have a current and valid driver's license?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you been convicted of any motor vehicle violations in the past 5 years?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list approximate date, offense, location and penalty \_\_\_\_\_

**Is there criminal action currently pending against you?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list approximate date, nature of offense, location, status and penalty. \_\_\_\_\_

**Have you been convicted of a crime in the last seven (7) years?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list approximate date, nature of offense, location, status and penalty. \_\_\_\_\_

|                                        |                                  |
|----------------------------------------|----------------------------------|
| Employer Name: _____                   |                                  |
| Mailing Address: _____                 |                                  |
| Supervisor(s) Name & Title: _____      | Phone #: _____                   |
| Position Title(s) : _____              | Employment Dates: _____ to _____ |
| Starting Wage: _____ Final Wage: _____ |                                  |
| Description of Work Performed: _____   |                                  |
| Reason for Leaving: _____              |                                  |
| _____                                  |                                  |

We will contact some or all of your past and current employers.

### References

Please list the names of three responsible references other than relatives or former employees.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Educational Information

Name & Location

Course of Study

Degree Received

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Please list any licenses, and certificates held (provide details on specific license, expiration date, issuing authority and license and/or certification number) special skills you have, and any workshops, courses, or training which you feel are directly related to the position for which you are applying for:

## Employment History

All employers (including military service) - use extra form

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor(s) Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title(s) : \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor(s) Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title(s) : \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

|                                              |
|----------------------------------------------|
| <b>Applicant Certification &amp; Release</b> |
|----------------------------------------------|

I understand that the references I have provided may be contacted by a representative from Special Children's Friends.

I authorize all persons, schools, employers, and organizations mentioned in this application to provide Special Children's Friends with any and all information requested or omissions. I also understand that Special Children's Friends may do a further background check. I agree to release such persons, schools, employers, and organizations from all liability for providing such information.

I certify that all statements made by me on this application and all answers given by me are true, complete and correct, and I authorize investigation of all such statements and answers contained herein. I understand that any misleading, false or incorrect statement(s) or omissions on this application and during the hiring process will result in denial or termination of employment.

I understand this application shall be considered active for a time period not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should reapply.

I understand and acknowledge that any employment relationship with Special Children's Friends is of an "at will" nature, meaning that any employee may resign at any time for any reason and the employer may discharge an employee at any time for any reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_