

# Application For Employment



**Mission Statement:** The mission of York County Community Action Corporation is to alleviate the effects of poverty, attack its underlying causes, and promote the dignity and self-sufficiency of the people of York County, Maine.

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## PERSONAL

Name: \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Name/Number City State Zip

Email Address: \_\_\_\_\_

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No (Circle one)  
 (Proof of citizenship/work authorization will be required prior to beginning work) Citizenship: † US Citizen/Permanent Resident †  
 Non-Immigrant Visa: \_\_\_\_\_ † Other \_\_\_\_\_

Do you have a relative employed at YCCAC? † Yes No

Have you ever been employed by YCCAC? Yes No

If so, please provide job title, dates of employment and in what location: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No May we contact your current employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

What date would you be available for work? \_\_\_\_\_

Are you available to work : \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_ Temporary

Are you presently licensed/certified in the State of Maine if required for the position? Yes No

Does the licensing board have any complaints/letters of guidance or concern on file in regard to your license/certificate?  
 Yes No If yes, please explain: \_\_\_\_\_

Have you ever been investigated by, sanctioned by or otherwise had your ability to participate as a provider in Medicaid, Medicare or other government sponsored program suspended, revoked, limited or terminated? Yes No If yes, please explain and include information about the action and the applicable dates: \_\_\_\_\_

What prompted your application?  
 \_\_\_ Advertisement \_\_\_ Employee Referral \_\_\_ Walk-in \_\_\_ Friend/Relative \_\_\_ Maine Career Centers \_\_\_ Other \_\_\_\_\_

Have you ever been disciplined for or had any attendance problems in your prior jobs?  
 Yes No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined for or had any safety problems in your prior jobs?  
 Yes No If yes, please explain: \_\_\_\_\_

Have you ever been discharged from a job or forced or asked to resign?  
 Yes No If yes, please explain: \_\_\_\_\_

## BACKGROUND INFORMATION

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Have you pleaded guilty, no-contest to or been convicted of a felony?                      Yes                      No

Have you ever pleaded guilty, no-contest to, paid a fine or been convicted of a misdemeanor (except traffic offenses) within the last ten years?                      Yes                      No

Have you ever had a substantiated claim with Child Protective Services?                      Yes                      No

**Failure to list convictions at the time of application will result in rejection of my application or dismissal if hired.**

If you answered yes to either of the questions above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION / TRAINING (College Degrees Subject to Verification)

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Indicate Last Level of Education Completed

**High School**

↑9 ↑10 ↑11 ↑12 ↑GED      ↑

**College/University**

1 ↑2 ↑3 ↑4      ↑

**Graduate School**

1 ↑2 ↑3 ↑4

College or Trade School	Location	Major/Minor	Honors

Additional Education, Vocational and/or Professional Information. List any foreign languages you can speak, read and/or write. State additional qualifications or information you may feel is helpful to us in considering your application.

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**EMPLOYMENT HISTORY** (Begin with most recent position)

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Complete Regardless of Attachments – DO NOT USE “See Resume”

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer (complete name) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Employment Dates \_\_\_\_\_ Starting Wage \_\_\_\_\_ ↑ Hour ↑ Week ↑ Month ↑ Year  
Ending Wage \_\_\_\_\_ Hour ↑ Week ↑ Month ↑ Year

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

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

May we contact your employer? Yes ↑ No Phone Number \_\_\_\_\_

Description of Duties (use comment section if additional space is needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **EMPLOYMENT REFERENCES**

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Please list business references (supervisors, colleagues or individuals you supervised) we may contact who are best qualified to evaluate your work experience. If not applicable, list three school or personal references who are not related to you.

Name \_\_\_\_\_ Business Relationship \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Years Known \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Business Relationship \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Years Known \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Business Relationship \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Years Known \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

## Please read carefully prior to signing

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### This application is not complete until the following statement has been Read and Signed:

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, ethnicity, national origin, alienage or citizenship, age, marital status, sexual orientation, physical or mental disability, service in the armed forces of the United States, or any other legally recognized protected classification under federal, state, or local laws, requirements or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state and local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing due hardship on York County Community Action Corporation (YCCAC).

Do you have the full physical, mental, emotional and medical ability to do the job to which you have applied? YES NO

If not, please explain:

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If you will need a reasonable accommodation to do the job for which you have applied, please explain below and inform your interviewer:

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My answers to the questions on this application are true and correct. I understand that any omission or misrepresentation of facts on this application may result in rejection of my application and refusal to hire. I understand that if I am hired and any omission or misrepresentation is discovered after I begin employment with YCCAC, I may be terminated from employment. As an at-will employee, I understand that my employment may be terminated with or without cause, and with or without notice at any time, at the option of YCCAC. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or condition which is contrary to the foregoing without a written agreement signed by the Executive Director and myself. I grant YCCAC the authority to verify any information presented on this application and to conduct background checks in connection with my application for employment and I release YCCAC from liability for claims arising out of any background check. I authorize all previous employers to provide all information requested of them by YCCAC and release and hold harmless all persons and entities from liability for doing so. I understand that any offer of employment is conditioned upon satisfactory completion of background checks.

I understand that if I am hired the amount of time I am scheduled to work may be adjusted at the organization's discretion. I understand this application is not a contract or an offer of employment.

My signature certifies that I have read and agree with the above statements.

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Signature

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Date

