



87 Baribeau Drive Brunswick, ME 04011

www.independenceassociation.org

P: 207-725-4371 F: 207-725-1416

EMPLOYMENT APPLICATION

Independence Association, Inc. is an Equal Opportunity Employer. The Association hires, trains, promotes and retains employees based on competence, performance, and potential without regard to race, creed, color, religion, sex, marital status, national origin, age, disability, veteran status or any other conditions prescribed by state or local law. Any applicant requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department at 207-725-4371.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary	Are you age 21 or older?	
Position Applied for			
Are you legally eligible for employment in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If hired, you are required to provide proof of your eligibility to work in the United States.	
Have you ever worked for Independence Association in the past?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Have you ever applied for work with Independence Association in the past?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Have you ever volunteered for Independence Association in the past?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
How did you hear about employment opportunities at Independence Association?			

If you were referred by a current or former employee of the Association, please provide their name:

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Describe your proficiency in the English Language	Simple conversation Yes <input type="checkbox"/> No <input type="checkbox"/>	Simple Reading Yes <input type="checkbox"/> No <input type="checkbox"/>	Read and speak fluently Yes <input type="checkbox"/> No <input type="checkbox"/>
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Independence Association operates residential, day programming, employment, in home support, and independent living programs on a 24 hour basis, 365 days each year. As such, employees must be willing to work in several locations and/or departments and may be expected to do so on weekends and holidays.

Are you willing to work overtime, on weekends, and on holidays?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
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Are you interested in full time work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, how many hours each week are you available?
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PLEASE LIST THE HOURS YOU ARE AVAILABLE FOR EACH DAY BELOW:

AVAILABILITY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAYS							
EVENINGS							
OVERNIGHTS							

BACKGROUND INFORMATION			
Do you have a valid Maine Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:
Do you have current automobile insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, you will be required to show proof of coverage including policy limits
List any violations or accidents in the last three years:			
Have you ever been investigated for abuse/neglect to children or other individuals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever been convicted of or pleaded guilty or no contest to any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever been suspended, placed on probation or discharged by a prior employer for absenteeism, tardiness, failure to notify your employer when absent or any other attendance related reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been suspended, placed on probation or discharged by a prior employer for theft, unauthorized removal or use of company property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been suspended placed on probation or discharged by a prior employer for being under the influence of alcohol or drugs or for possession, use or abuse of alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you listed on the exclusion list of the Office of Inspector General?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

REFERENCES	
Please list three references ***Not more than 1 personal reference***	
Full Name	Relationship
Company	Phone ()
Years Known	
Full Name	Relationship
Company	Phone ()
Years Known	
Full Name	Relationship
Company	Phone ()
Years Known	

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT EMPLOYER FIRST)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

APPLICANT'S SIGNATURE (PLEASE READ CAREFULLY BEFORE SIGNING)

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment with Independence Association, Inc. It is my understanding that Independence Association, Inc. may make a thorough review of my experience and education and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such review and the giving and receiving of any information requested by Independence Association, Inc. I release from liability any person giving or receiving such information. Falsification of data, so given, or other derogatory information discovered as a result of this review may prevent me from being hired, or if hired, may subject me to immediate dismissal.

Although Independence Association, Inc. makes every effort to accommodate individual preferences, resident and consumer needs may, at times, make the following work conditions mandatory: overtime, shift work, holiday work, rotating schedules, changing locations, and/or work schedules other than that which I may be hired for. I understand and accept these conditions of my future or continuing employment. I understand that if I am employed, such employment is for an indefinite period of time and may be terminated at any time without prior notice and without cause. Independence Association, Inc. may change wages, benefits, and conditions of my employment at any time. I further understand and agree that this application is not intended to be a contract of employment nor does this application obligate Independence Association, Inc. in any way if it decides to employ me.

I understand that the position I am applying for may involve implementing crisis prevention and intervention services and techniques which may include lifting, moving, and guiding persons with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities of the position for which I am applying with or without reasonable accommodation.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

I hereby authorize individuals, company, or institutions listed on my application or resume to furnish Independence Association with any information concerning me which they may have on record. I hereby release these individuals, companies or institutions and all individuals connected therewith, including Independence Association, Inc. from all liability for any damages incurred in furnishing such information. I understand this information is being released to Independence Association, Inc. in confidence and will not be shared with me.

In so signing, I agree that I fully understand and accept all terms and conditions of the pre-employment screening process.

Signature of Applicant:**Date:**

THIS IS A CONFIDENTIAL INSERT
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

Independence Association is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, Independence Association will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit your form directly to *Karen Kochjar, HR Director*.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name

Address

Telephone Number (s)

CHECK ONE

Male

Female

Check one of the following: **(Race)**

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian Asian or other Pacific Islander (not Hispanic or Latino)
- Native American or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Applicant Signature

Date

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APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

Independence Association is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their disability which can be reasonably accommodated.

Further, Independence Association will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. *Please submit your form directly to Karen Kochjar, HR Director.*

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name

Address

Telephone Number (s)

Check if the following is applicable:

Person with a disability*

A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. ("Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Information on disability is maintained by the ADA Coordinator and is not shared with Human Resources.)

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available at this agency's Diversity Office.

Applicant Signature

Date