

Applicant Information

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

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, Inc.? Yes No
 If yes, name of employee _____

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

Availability

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

Type of employment desired. Full Time Part Time Relief Seasonal

Please check what hours you are available to work.

Shift	Time	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
1 st	8am – 5pm							
2 nd	2pm – 11pm							
3 rd	10pm – 8am							

Are you available to work: Week days Weekends Holidays

We are licensed to provide adult/child care 24 hours a day, 7 days a week, 52 weeks a year.
 Working overtime hours may be expected. Are you able to meet this requirement? Yes No

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 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 or neglect? 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?
 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	
Name	Telephone	Number Years Known
Affiliation	Address	
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	DATES EMPLOYED		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
	FROM	TO	
TELEPHONE			

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	DATES EMPLOYED		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
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	DATES EMPLOYED		BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
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	DATES EMPLOYED		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 Statement, and Confidentiality Agreement.

Signature of Applicant

Date