

SKILLS, INC. EMPLOYMENT APPLICATION

PO Box 65, St. Albans, ME 04971 207-938-4615
PO Box 334, Waterville, ME 04903 207-872-6484

www.skillsinc.net

We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status or any other status protected under local, state, or federal laws.

PERSONAL: Please *print* all information except your signature. Thank you.

Name _____ Date _____
Last First Middle

Address _____
Number & Street (no post office box) City State Zip Code

Mailing Address if different _____

Position sought _____ full-time ___ part-time ___ per-diem

How did you hear of this position? _____

Date available _____ Salary desired _____ Phone number _____

Social security number _____ Are you over 18 years old? ___ yes ___ no
If not, are you able to supply a work permit? ___ yes ___ no

Are you legally eligible for employment in the United States? ___ yes ___ no
(If offered employment, you will be required to provide documentation within 72 hours to verify eligibility.)

Do you have dependable transportation and a Maine driver's license? ___ yes ___ no

Are you capable of performing the essential duties of the position(s) applied for? ___ yes ___ no
If no, please explain:

How many hours of work per week are you seeking? (circle one) 5 10 15 20 30 35 40

What shift can you work? (circle all that apply) first second third

What days can you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun Holidays

Will you work overtime if asked? ___ yes ___ no

Have you ever been employed in any facility of Ken-a-Set Assoc., Seabasticook Farms, or SKILLS, Inc.? ___ yes ___ no
If yes, please state facility name, location, and dates of employment:

NOTE: All employees are required to have a physical. The Hepatitis B series is offered, at agency expense, to applicable employees.

Applications are maintained for one year of submission date. They are not reviewed beyond the submission date unless you call to update your application when you see a position advertised for which you would like to be considered.

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: # of years completed (circle one) 1 2 3 4 Diploma: yes no; G.E.D.: yes no

School(s) _____ City/State _____

College and/or vocational school: No. of years completed (circle one) 1 2 3 4

School _____ City/State _____

Major _____ Degree(s) earned _____

Other special training or skills (i.e., CRMA, CPR/First Aid, Machine Operation):

Course _____ Degree/certificate earned _____ Date _____

Course _____ Degree/certificate earned _____ Date _____

Other skills _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of license(s) held _____

License number _____ License expiration date _____

Other professional memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

RECORD OF CONVICTION: Have you ever been convicted of: felony yes no; substantiation of abuse / neglect / exploitation of child / adult yes no; assault yes no; misdemeanor yes no; OUI yes no; other crime yes no? If you answer **yes** to any charge, please explain:

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Criminal background checks and driving record checks are done on all new employees.

Please indicate if you have resided in any other state or country: _____.

EMPLOYMENT: List most recent employer first, including U.S. Military Service.

May we contact your present employer? yes no

If you have been employed using a different name, indicate name: _____

Do you have experience supervising staff? yes no

If yes, please describe _____.

EMPLOYMENT continued:

Employer _____ Address _____

Telephone _____ Position _____

Dates of employment: from _____ to _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ # of hrs. _____

Reason for leaving: _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of employment: from _____ to _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ # of hrs. _____

Reason for leaving: _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of employment: from _____ to _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ # of hrs. _____

Reason for leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? _____ yes _____ no

If yes, explain: _____

REFERENCES:

Professional	Personal (no relatives or employers)
Name _____ Address _____ _____ Phone ()	Name _____ Address _____ _____ Phone ()
Name _____ Address _____ _____ Phone ()	Name _____ Address _____ _____ Phone ()

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in the document will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that none of the documents, policies, procedures, actions, or statements of SKILLS, Inc. representatives used during the employment process may be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, at will, and that either the employer or I may terminate my employment at any time with or without cause. I further understand that no representative of SKILLS, Inc. except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreement must be made in writing and signed by the Executive Director.

I understand that if offered a position with SKILLS, Inc. I will be required to submit to a pre-employment medical examination, background check and drivers license check. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment requirements will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, procedures, rules and regulations of employment of SKILLS, Inc. I understand specifically that mandatory trainings, attendance and punctuality are essential requirements of my job and non-compliance will result in disciplinary action up to and including termination.

I authorize SKILLS, Inc. to communicate with all my employers, school officials, and persons named as references. I hereby release and hold harmless all parties involved from any/all liability for any damage whatsoever resulting from giving information such as work performance, character, and reputation. I further understand that if I do not give permission to contact my current employer, my application may automatically be rejected.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant _____ Date: _____