



Tel:2073705003

email: assumpta4k@gmail.com

Website:www.

EMPLOYMENT APPLICATION

Note: It is crucial that you fill out the entire application. Your application might not be considered if it isn't full. Please type N/A for not applicable sections, or section(s) where you have no data to enter.

Please send your filled, signed, and dated application to the email address above

Applicant Information			
FIRST NAME	MIDDLE	LAST	TODAY DATE
STREET ADDRESS			Apt/Unit#
CITY, STATE, ZIP			DATE OF BIRTH (DOB)
EMAIL ADDRESS			HOME PHONE
Have you ever gone by a name other than the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list here.			CELL PHONE

POSITION APPLYING FOR:	DESIRED SALARY
HAVE YOU EVER WORKED FOR IMPACTFUL RESIDENTIAL CARE (IRC)? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES WHEN? ---/---/----
ARE YOU AVAILABLE TO WORK FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
CAN YOU TRAVEL FOR WORK IF NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
I AM A: <input type="checkbox"/> US CITIZEN, <input type="checkbox"/> US PERMANENT RESIDENT, <input type="checkbox"/> OTHER, A# _____	SS #
DO YOU HAVE A VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> STATE _____ LICENSE # _____	ON WHAT DATE CAN YOU BEGIN?
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES EXPLAIN:	NB: USE THE BACK FOR MORE SPACE

Please check which days and shifts you are available to work:

DAY OF THE WEEK	1 ST SHIFT 12:00AM TO 8:00AM	2 ND SHIFT 8:00 AM TO 4:00 PM	3 RD SHIFT 4:00 PM TO 12:00 PM (Midnight)
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

EMERGENCY CONTACT NAME:	RELATIONSHIP?
EMERGENCY CONTACT TELEPHONE:	



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DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT			
			REASONABLE ACCOMMODATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN AND INCLUDE DATES: YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU EVER HAD A SUBSTANTIATED CASE BROUGHT AGAINST YOU BY CHILD AND/OR ADULT PROTECTIVE SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE EXPLAIN AND INCLUDE DATES:			
PLEASE LIST ALL LICENSES AND CERTIFICATIONS YOU NOW HOLD:			
DSP <input type="checkbox"/>	LCSW <input type="checkbox"/>	CAN <input type="checkbox"/>	OTHER: <input type="checkbox"/> (List Here)
CRMA <input type="checkbox"/>	LCPC <input type="checkbox"/>	LPN <input type="checkbox"/>	
CPR/FIRST AID <input type="checkbox"/>	MSW <input type="checkbox"/>	RN <input type="checkbox"/>	
<input type="checkbox"/>	LADC <input type="checkbox"/>	MHRT <input type="checkbox"/>	
CPI <input type="checkbox"/>			

EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION (CITY/STATE/ZIP)	COURSE OF STUDY (FROM-TO)	GRADUATED? IF NO PUT YEARS COMPLETED	DEGREE OR DIPLOMA?
GRADUATE				
COLLEGE				
HIGH SCHOOL				
BUSINESS/TRADE TECHNICAL				

EMPLOYMENT HISTORY

1. COMPANY, AGENCY NAME	TELEPHONE
ADDRES	EMPLOYMENT DATES FROM TO
JOB TITLE	PAY RATE
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	



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2. COMPANY, AGENCY NAME	TELEPHONE
ADDRES	EMPLOYMENT DATES FROM TO
JOB TITLE	PAY RATE
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	

3. COMPANY, AGENCY NAME	TELEPHONE
ADDRES	EMPLOYMENT DATES FROM TO
JOB TITLE	WEEKLY PAY
SUPRVISOR	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:	

MILITARY HISTORY

Did you serve in the US Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in which branch? RANK AT DISCHARGE: Describe any military training you received that you believe would be pertinent to the position for which you are applying.

REFERENCES

Name ADDRESS (ST, CITY, STATE, ZIP)	EMAIL & Telephone

Note: Completing this application is not a guarantee of employment with Impactful Residential Care (IRC).



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DISCLAIMER AND SIGNATURE

IMPACTFUL RESIDENTIAL CARE is an equal opportunity employer, and committed to excellence through diversity. IMPACTFUL RESIDENTIAL CARE does not discriminate employment based on race, religion, color, sex, age, national origin, mental and physical disability, military status, veteran or unfavorable discharge from military services, family status, genetic information, or any other status or condition protected by applicable federal, state, or local laws, except where a bona fide occupational qualification applies. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for IRC to hire me.

IMPACTFUL RESIDENTIAL CARE (IRC) receives background information on all their employees from the State Bureau of Investigation, State of Maine Department of Health & Human Services Child Protective Services, and the State of Maine Bureau of Motor Vehicles. If I have lived in states other than Maine, I further authorize IMPACTFUL RESIDENTIAL CARE to complete appropriate out of state background checks. Applicants should understand that any information that may be listed on these checks that relate to incidents in the applicant's past, affecting their relationship with the consumers/clients in the program, the staff, or the operation of the program, may be considered a sufficient reason to reject their application for employment or could mean their immediate termination.

I authorize IMPACTFUL RESIDENTIAL CARE to contact and obtain information from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

I attest with my signature below that I have given to the Impactful Residential Care true, correct, and complete information on this application. No requested information has been concealed. I authorize Impactful Residential Care to contact references provided for employment references checks. If any information, I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal. I understand my application will be rejected if false, incomplete, omitted or misrepresented information is discovered and I may be terminated, if after I am employed, it is discovered.

This application is not an employment agreement. If I accept an offer of employment from IMPACTFUL RESIDENTIAL CARE, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with IMPACTFUL RESIDENTIAL CARE is of an "at will" nature. My employment is at the will of the employer, and either IMPACTFUL RESIDENTIAL CARE or I may at any time terminate the employment relationship with or without cause and without prior notice, unless required by law. I understand that no representative of IRC has the authority to make any assurance to the contrary.

I, the undersigned, attest to the truthfulness of the information contained in my application/ resume consistent with 17-A-MRSA§453

I fully understand and accept all terms and conditions of the above statement.

APPLICANT PRINTED NAME (FULL NAME): _____

APPLICANT'S SIGNATURE _____ DATE _____

IRC OFFICIAL USE ONLY

DECISION: HIRED ----- DATE HIRED ----- EMPLOYEE ID#: -----

-

PROPOSED START DATE: ----- PROGRAM -----

HIRING MANAGEMENT: ----- TITLE: -----

SIGNATURE ----- DATE: -----