



Downeast Community Partners

248 Bucksport Rd.
Ellsworth, ME 04605
(207) 664-2424

Lifespan Opportunities in Washington and Hancock Counties Employment Application

PLEASE PRINT

Position(s) applied for: _____ Date of application: _____

Referral Source:	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employee	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Employment Agency
	<input type="checkbox"/> Walk In	<input type="checkbox"/> Online Ad	<input type="checkbox"/> Social Media	

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____
Street or Box # City State Zip

Physical Address (if different from above, not a P.O. Box)

_____ Street City State Zip

Telephone # _____ Cellphone # _____ Email Address _____

If necessary, best time to call you at your home: _____ am/pm. May we contact you at work? Yes No

If yes, work number _____ and best time to call _____ am/pm

Have you submitted an application here before? Yes No If yes, when? _____

Have you ever volunteered or worked here before? Yes No If yes, when? From _____ to _____

Are you a current or former Head Start parent? Yes No

Are you legally eligible for employment in this country? Yes No

Some positions require employees to be at least 18 years of age. Do you meet this requirement? Yes No

Date available for work _____ Desired pay range _____

Type of employment desired: Full-time Part-time Temporary Other

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

An Equal Opportunity/Affirmative Action Employer

Downeast Community Partners (DCP) maintains a policy of non-discrimination in all employment actions, practices, procedures and conditions of employment.

DCP recognizes the essential rights of all individuals and provides equal employment and advancement opportunities to all employees without regard to race (and traits associated with race, including hair texture, Afro hairstyles, and protective hairstyles), color, religion, sex, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, whistleblower activity, previous assertion of a claim or right under the Maine Workers' Compensation Act or genetic pre-disposition.

EMPLOYMENT HISTORY

Provide the following information for your past and current employer(s), assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below. **Please complete this section even if you are submitting a resume.**

Employment/Volunteer Information	Dates Employed From To
Employer and phone number:	
Address:	Summarize below the major duties of this position
Job Title:	
Immediate Supervisor and Title:	
Reason for Leaving:	

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Immediate Supervisor and Title:	
Reason for Leaving:	

Comments: *(including explanation of any gaps in employment)*

Skills and Qualifications – Summarize any classes, special training, skills, licenses and/or certificates that may qualify

you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any and if it was earned. **D.** Major field of study. **E.** Minor field of study (if applicable).

A. School Attended	B. Number of years completed	C. Degree/Diploma	Earned? Y/N	D. Major Studied	E. Minor Studied

PROFESSIONAL REFERENCES

List name, email and telephone number of three business/work references that are *not* related to you. If not applicable, list three school references that are *not* related to you.

Name	Email	Telephone	Years Known

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. *Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.*

Organization	Offices Held

Please list special accomplishments, publications, awards, etc. *Exclude information that would reveal sex, race,*

religion, national origin, age, color, disability or other similarly protected status.

List any of your relatives who currently work for Downeast Community Partners or a DCP Board member:

I understand if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give Downeast Community Partners the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in the application. I hereby release from liability Downeast Community Partners and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Downeast Community Partners does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Downeast Community Partners and still wish to be considered for employment, it will be necessary to fill out a new application. This application does not constitute an agreement, contract or guarantee of employment.

If I am hired, I understand Downeast Community Partners is an at-will employer. As such, I am free to resign at any time, with or without cause and with or without notice. Downeast Community Partners also reserves the same right to terminate my employment at any time, with or without cause and with or without notice, except as may be required by law.

I understand it is Downeast Community Partner's policy not to refuse to hire a qualified individual with a disability because of a need for a reasonable accommodation as required by the ADA.

I also understand if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resource Department.