



Mount St. Joseph A Holistic Care Community

7 Highwood St.
Waterville ME 04901-5797

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give equal consideration to a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodation. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. However, if you want us to consider special arrangements to accommodate a physical or mental impairment you may identify that impairment and suggest the kind of accommodation that you believe would be appropriate.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name:		First Name:		Middle Name:	
Address:	Number:	Street:	City:	State:	Zip Code:
Telephone Number(s):				Social Security Number:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary Shift: _____

Are you currently on "lay -off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please Explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



EDUCATION

	Elementary School					High School				College / University				Grad / professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer	<u>Dates Employed</u> FROM: TO:	Work Performed
Address		
Telephone #'s	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason For Leaving		

2.

Employer	<u>Dates Employed</u> FROM: TO:	Work Performed
Address		
Telephone #'s	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason For Leaving		

3.

Employer	<u>Dates Employed</u> FROM: TO:	Work Performed
Address		
Telephone #'s	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason For Leaving		

4.

Employer	<u>Dates Employed</u> FROM: TO:	Work Performed
Address		
Telephone #'s	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason For Leaving		

If you need additional space, please continue on a separate sheet of paper.



Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Rate: _____

Shift: _____

Unit: _____

Position(s) Hired For: _____

Hire Date: _____

Signature: _____

Date: _____

Notes:



Voluntary Survey

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Soc. Sec. Number		

Complete Only The Sections Below That Have Been Checked

Current Job:
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual