



EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Filling of this application does not guarantee employment with Beyond Residential Care.

FIRST NAME	MIDDLE	LAST NAME	DATE TODAY
STREET ADDRESS			DATE OF BIRTH
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED			SALARY EXPECTED
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HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED?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"/>			
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"/>

Please check which days and shifts you are available to work, choose all that apply.

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

EMERGENCY CONTACT NAME:	RELATIONSHIP?
EMERGENCY CONTACT TELEPHONE:	



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 gone by a name other than the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list here.			
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"/>			
IF 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"/>	
CPI <input type="checkbox"/>	LADC <input type="checkbox"/>	MHRT <input type="checkbox"/>	

EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUSINESS/TRADE TECHNICAL				

EMPLOYMENT HISTORY

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"/> IF NO, PLEASE EXPLAIN WHY:	
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"/> IF NO, PLEASE EXPLAIN WHY:	

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"/> 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? Describe any military training you received that you believe would be pertinent to the position for which you are applying.
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REFERENCES

Name	Telephone



EQUAL OPPORTUNITY EMPLOYER

Beyond Residential Care (BRC) is an equal opportunity employer and does not discriminate against employees or job applicants based on race, religion, color, sex, age, national origin, mental and physical disability, veteran or 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.

BACKGROUND CHECK INFORMATION

Beyond Residential Care (BRC) 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 BRC 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.

The information I have provided in this application for employment is true, correct, and complete. 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.

I authorize BRC 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.

This application is not an employment agreement. If I accept an offer of employment from PRS, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with PRS is of an "at will" nature. My employment is at the will of the employer, and either PRS 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 one, other than the executive director of the agency, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by the executive director. **I fully understand and accept all terms and conditions of the above statement.**

APPLICANT'S SIGNATURE _____ DATE _____