

Life Enrichment Advancing People [LEAP]

(formerly Western Maine ARC)

APPLICATION FOR EMPLOYMENT

Please print

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

Name _____ Social Security #: _____ - _____ - _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Telephone #: (____) _____ Cell/Pager/Other Phone: (____) _____ E-mail _____

Position(s) applied for: _____ Date of Application: ____/____/____

Referral Source: (Please check the appropriate category and name the source.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's website _____ | <input type="checkbox"/> Gov't Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is _____ AM PM
[circle AM or PM]

May we contact you at work? Yes No

If YES, work number and best time to call:

(____) _____ - _____ Time: ____:____ AM PM
[circle AM or PM]

If you are under 18 and it is required, can you furnish
a work permit?

Yes No

If NO, please explain _____

Have you submitted an application here before? Yes No

If YES, give dates and position(s) _____

Have you ever been employed here before? Yes No

If YES, give dates and position(s) _____

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

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

Type of employment desired:

Full-time Part-time Educational Co-op

Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position?

N/A Yes No

Will you work overtime if required? Yes No

If NO, please explain _____

Driver's License Number [required if driving may be required in
the job for which you are applying]

Number: _____ State: _____

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Have you ever been bonded: Yes No

[Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.]

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony or misdemeanor? Yes No

If YES, please provide date(s) and details.

EMPLOYMENT HISTORY

Please print

Starting with your most recent employer, provide the following information:

Employer	Telephone Number		Month/Year		Month/Year
	()				
Street Address			City		
			State		
Starting Job Title			Final Job Title		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Immediate Supervisor and Title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
			Commission/Bonus/Other Compensation \$ per		
Why did you leave?			Compensation (Final)		
Summarize the type of work performed and job responsibilities.			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like most about your position?			Commission/Bonus/Other Compensation \$ per		
What were the things you liked least about the position?					

Employer	Telephone Number		Month/Year		Month/Year
	()				
Street Address			City		
			State		
Starting Job Title			Final Job Title		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Immediate Supervisor and Title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
			Commission/Bonus/Other Compensation \$ per		
Why did you leave?			Compensation (Final)		
Summarize the type of work performed and job responsibilities.			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like most about your position?			Commission/Bonus/Other Compensation \$ per		
What were the things you liked least about the position?					

EMPLOYMENT HISTORY [cont'd.]

Please print

Employer ()	Telephone Number	Month/Year	Month/Year
Street Address City State		Dates Employed: / to /	
Starting Job Title Final Job Title		Compensation (Starting)	
Immediate Supervisor and Title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		Commission/Bonus/Other Compensation \$ per	
Summarize the type of work performed and job responsibilities.		Compensation (Final)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ per	
What were the things you liked least about the position?			

Employer ()	Telephone Number	Month/Year	Month/Year
Street Address City State		Dates Employed: / to /	
Starting Job Title Final Job Title		Compensation (Starting)	
Immediate Supervisor and Title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		Commission/Bonus/Other Compensation \$ per	
Summarize the type of work performed and job responsibilities.		Compensation (Final)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ per	
What were the things you liked least about the position?			

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed in previous employment history given, have you ever been fired or asked to resign from a job? Yes No
 If YES, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School [include city & state]	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	

REFERENCES

Name	Title	Relationship To You	Telephone	Number of Years Known
			()	
			()	
			()	

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding this employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, may be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

LEAP, INC IS AN EQUAL OPPORTUNITY EMPLOYER

Life Enrichment Advancing People [LEAP]

313 Farmington Falls Road
Farmington, ME 04938
Fax 207-778-6070

*Providing Community Supports for People with Developmental Disabilities
since 1980
in Western & Central Maine*

I authorize LEAP, Inc. Management to conduct a Motor Vehicle Driving Record
and Criminal Background Check as part of the hiring process.

I understand that it is a requirement of the Maine Department of Human Services
that the Criminal Background Check be performed and that the results
may prohibit the applicant from working with people served by LEAP, Inc.

It is further understood that failure to report correct information may be grounds for dismissal.

Applicant Signature: _____

Date: _____

Current Name: _____

Prior Names or Aliases:

Address: _____

City, State, Zip _____

SSN: _____

Phone Numbers: _____

Purpose of Request:

**Driving Record and Background Check for individuals employed as service providers
to persons with Mental Retardation or Developmental Disabilities.**