

# Life Enrichment Advancing People [LEAP]

313 Farmington Falls Road | Farmington, ME 04938

## LEAP, Inc. is a Smoke and Tobacco-Free Workplace

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.

### APPLICATION FOR EMPLOYMENT

PLEASE PRINT

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.)

Walk-In \_\_\_\_\_

School \_\_\_\_\_

Employee \_\_\_\_\_

Job Fair \_\_\_\_\_

Advertisement \_\_\_\_\_

Staffing Agency \_\_\_\_\_

Company's website \_\_\_\_\_

Gov't Employment Agency \_\_\_\_\_

Other Internet \_\_\_\_\_

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 is essential in the  
job for which you are applying.] or State ID Number [required  
for non-drivers]

Number: \_\_\_\_\_ State: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT

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		Dates Employed: / to /	
Starting Job Title Final Job Title		<b>Compensation (Starting)</b>	
Immediate Supervisor and Title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ per	
Why did you leave?		<b>Compensation (Final)</b>	
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ 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		Dates Employed: / to /	
Starting Job Title Final Job Title		<b>Compensation (Starting)</b>	
Immediate Supervisor and Title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ per	
Why did you leave?		<b>Compensation (Final)</b>	
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$ 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
		Dates Employed:        /        to        /	
Street Address	City	State	
		<b>Compensation (Starting)</b>	
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		
		Commission/Bonus/Other Compensation    \$        per	
Why did you leave?		<b>Compensation (Final)</b>	
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
		Dates Employed:        /        to        /	
Street Address	City	State	
		<b>Compensation (Starting)</b>	
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		
		Commission/Bonus/Other Compensation    \$        per	
Why did you leave?		<b>Compensation (Final)</b>	
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?			

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

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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:

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## **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.

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## **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?

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**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