



Portland Office: 1037 Forest Avenue, Portland, ME 04103

Tel: (207) 878-3221 Fax: (207) 878-3019

Sanford Office: 889 Main Street, Sanford, ME 04073

Tel: (207) 324-0053 Fax: (207) 324-0054

TO: Potential Employee

SUBJECT: Application

The following is a list of items needed to complete your Application:

- 1) Copy of Valid Social Security Card
- 2) Copy of Birth Certificate, Passport, Green Card, or INS Work Authorization
- 3) Copy of Valid Driver's License
- 4) Copy of Current Automobile Insurance – Applicants name must be on the policy
- 5) Motor Vehicle Report (or Consent for Agency to Check online)
- 6) Criminal Record Report (or Consent for Agency to Check online)
- 7) Copy of Highest Educational Level (Diploma, GED, or Degree)

IMPORTANT: You will NOT be interviewed if you do not have the above in your possession. As an equal opportunity employer, please be assured that your employment application will be considered without regard to race, creed, color, gender, age, sexual orientation, marital status, national origin or ancestry, disability, or veteran status. Consistent with the provisions of the Americans with Disabilities Act (ADA) and the Maine Human Rights Act (MHRA), you (and all applicants) are invited to request accommodations to ensure full participation in the application/interview process.



APPLICATION FOR EMPLOYMENT

Please Print All Information Requested Except Signature

PERSONAL INFORMATION

Date: ____/____/____

Legal Name: _____ Social Security # _____
Last First Middle

Present Address:

Number Street City State Zip

Mailing Address (If different from above):

Number Street City State Zip

Home Telephone: () Cell Pone: ()

(All employees MUST have a working cell phone and working email address as conditions of employment)

Email: _____

Are you a US citizen or authorized to live in the US? YES NO

If NO, are you authorized by INS to work? YES NO Alien # _____

Do you have a valid Drivers License? YES NO State of Issue: ____ License No. _____

Do you have a working automobile? YES NO Plate State & Registration _____

Do you have automobile insurance? YES NO Carrier: _____

(If you are living in Maine, State law and Granite Bay Care require you to obtain a Maine Driver's license within 30 days residency)

Do you have any limitations that would affect your ability to perform the essential functions of the position for which you are applying? Do you need special accommodations to be able perform required duties? YES NO

In the past ten years, have you ever pled "guilty" or "no contest" to a crime or been convicted of a crime, excluding misdemeanors/summary offenses, which has not been annulled, expunged or sealed by a court? YES NO

Have you ever been determined by a government agency to have committed abuse or neglect? YES NO

If YES to either of the aforementioned question, please describe in detail on reverse.

Employment Desired

Position & Location Applying for: _____ Start date _____ Salary/Wage desired _____

Available to work in any/all capacities; anywhere, anytime indicated by a checkmark below; Cross off any towns you are not willing to work in:

___ Full Time (40) ___ Part-Time (30+) ___ Floating (30+)
___ Sun ___ Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat ___ 1st (8A-4P) ___ 2nd (4P-12A) ___ 3rd (12A-8A)

___ **Portland Area Office** includes the following non-inclusive list of towns: Albion, Brunswick, Cumberland, Gorham, North Yarmouth, Norway, Portland, Pownal, Raymond, Scarborough, South Portland, Standish, Turner, Windham

___ **Sanford Area Office** includes the following non-inclusive list of towns: Alfred, Arundel, Buxton, Hollis, Kennebunk, Kennebunkport, Lyman, Sanford, Shapleigh, South Berwick

It is the applicant's responsibility to understand the travel distance to each location

Granite Bay Care Inc.

EDUCATION

	Name and Address of School	Dates:	Number of Years Completed	Did You Graduate?	Major & Degree
High School		From:			
		To:			
College		From:			
		To:			
Business or Trade School		From:			
		To:			
Other (Specify)		From:			
		To:			

Indicate any specialized trainings you have received, other than high school or college level credit courses:

(In lieu of a copy of a diploma verifying highest level of education, a transcript may be submitted in addition to this application)

Authorization: As evidence of my honesty, I grant permission for the above institution(s) to give Granite Bay Care information about my education.

Signature: _____ Date: _____

REFERRAL INQUIRY *(Where did you hear about the Agency or employment opportunity?)*

Newspaper
 Employment Service
 Website/On-line
 Friend
 Other _____

Have you ever applied for employment or been previously employed with Granite Bay Care? YES NO

If Yes: Month/Year _____ Did you voluntarily resign your position? If so, please describe on reverse.

Do you have relatives or friends who work or have worked for Granite Bay Care, Inc? YES NO

If yes, name of employee: _____

If referred by a current Granite Bay Care employee please list: Name: _____

WORK EXPERIENCE *(We may contact the employers listed below unless you indicate those you do not want us to contact)*

Are you presently employed? YES NO Explain any gaps in employment: _____



Granite Bay Care Inc.

Current Employer: *(You may supply written verifiable references, but you need to complete contact authorizations below)*

Company Name		Telephone ()	
Address		Employed – (State month and year) From To	
Name of Supervisor		Weekly pay Start Last	
State job title and describe your work		Reason for leaving	

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my work history.

Signature: _____ Date: _____

Past Employers:

Company Name		Telephone ()	
Address		Employed – (State month and year) From To	
Name of Supervisor		Weekly pay Start Last	
State job title and describe your work		Reason for leaving	

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my work history.

Signature: _____ Date: _____

Company Name		Telephone ()	
Address		Employed – (State month and year) From To	
Name of Supervisor		Weekly pay Start Last	
State job title and describe your work		Reason for leaving	

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my work history.

Signature: _____ Date: _____

Furthermore, my signature above constitutes my agreement to release any references listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for employment at Granite Bay Care.



REFERENCE CHECK (In addition to above professional references, please list three personal references other than relatives):

Contact Person: _____ Position/Relationship: _____

Current Address: _____

Telephone Number: _____ Email Address: _____

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my character.

Signature: _____ Date: _____

Contact Person: _____ Position/Relationship: _____

Current Address: _____

Telephone Number: _____ Email Address: _____

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my character.

Signature: _____ Date: _____

Contact Person: _____ Position/Relationship: _____

Current Address: _____

Telephone Number: _____ Email Address: _____

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my character.

Signature: _____ Date: _____

Contact Person: _____ Position/Relationship: _____

Current Address: _____

Telephone Number: _____ Email Address: _____

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my character.

Signature: _____ Date: _____

Contact Person: _____ Position/Relationship: _____

Current Address: _____

Telephone Number: _____ Email Address: _____

Authorization: As evidence of my honesty, I grant permission for the above individual to give Granite Bay Care information about my character.

Signature: _____ Date: _____



Granite Bay Care Inc.

For Office Use (NO applicant will be approved for hire unless the bottom information is completed by HR or designee).

INTERVIEW

Interviewer's Name: _____

Date of Interview: _____

Comments

REFERENCE CHECKS

Checked By: _____

Person contacted/Dates of contact:	Results

After checking references, without overlap, validate years of experience at highest level of oversight:

____ Direct Care experience (Human Service or related field)

____ Supervisory/Management experience (Human Service or related field)

____ Executive experience (Human Service or related field)

Validated By: _____