

Date: _____

Applicant's Name: _____

Position Applied For: _____



*Inspired by scripture and the Church's social teaching,
Catholic Charities empowers and strengthens
individuals and families of all faiths by providing
innovative community-based social services
throughout Maine.*

Directions: Complete all sections of this Application for Employment and return it by mail, email, fax, or in person to the Human Resources Office at the address below prior to your interview.
(Please send three written references if available)

Catholic Charities
Human Resources Office
P.O. Box 10660
Portland, ME 04104-6060
(207) 781-8550
Fax: (207) 523-2789



Catholic Charities Maine's commitment to equal opportunity, nondiscrimination, and affirmative action in employment is realized through its Affirmative Action Plan. This plan and legal responsibilities to ensure equal employment opportunity require reports of job applicants by race/ethnic categories and gender. We ask that you consider providing us with information to assist us in meeting our Affirmative Action Plan. Please complete the attached questionnaire and return to hroffice@ccmaine.org. Thank you.

PLEASE NOTE: This information:

- Is voluntary.
 - Is gathered for statistical purposes only.
 - Is kept confidential and separate from application materials.
 - Will not be used in any way to evaluate your qualifications for employment.
- Questions? Please contact Human Resources at 781-8550.

Name (last, first, MI): _____

Job title applying for: _____

Gender: M F

I would rather not identify my race at this time

WHAT IS YOUR RACE?

American Indian/Alaskan Native defined as a person having origins in any of the original peoples of North America and South America (including central America), and who maintains tribal affiliation or community attachment.

Asian defined as a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

Black/African American defined as a person having origins in any of the black racial groups of Africa.

Hispanic or Latino defined as person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin

Native Hawaiian or other Pacific Islander defines as a person having origins in any of the origins peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White defined as a person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Two or More Races defined as all persons who identify with more than one of the above five races.

WHERE DID YOU LEARN ABOUT THIS VACANCY?

_____ Job Service _____ Newspaper _____ Referral _____ Website

By choosing to submit this form, I hereby guarantee the correctness of all the statements and information provided above.

Application for Employment

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

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"/> Job Fair
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

Are you over 18 years of age? YES NO

Have you ever filed an application with us before? YES NO
If yes, give date _____

Have you been employed with us before? YES NO
If yes, give date _____

Are you currently employed? YES NO

On what date will you be available for work? _____

Are you willing to work: Full Time Part Time Shift Work Temporary

If a job requires you to drive a vehicle, do you possess a valid driver's license and are you 21 or older? YES NO

Have you ever been convicted of a crime or plead guilty, or nolo contendere? YES NO
A "Yes" answer will not necessarily disqualify an applicant from employment.

If yes, please explain :

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		

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

May we contact your current employer? YES NO

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

(i.e. Business College, Special Courses-include Military Training, Post Graduate & Nursing)

Indicate Any Foreign Languages You Can Speak, Read And/Or Write			
	Fluent		
Speak			
Read			
Write			

Licensure Professional Licenses And/Or Certifications

Are you currently? <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified				
Are you eligible for any of the above? Please Specify				
If Licensed	Type	State Issued	Expiration Date	No.
Registered	Type	State Issued	Expiration Date	No.
Or Certified	Type	State Issued	Expiration Date	No.

Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate?

YES NO *If yes, please explain in detail.*

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Additional Information

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

References - Work Related

1.	Name	Phone #
	Address	
2.	Name	Phone #
	Address	
3.	Name	Phone #
	Address	
4.	Name	Phone #
	Address	
5.	Name	Phone #
	Address	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship can only be changed via a written document expressly titled "Contract of Employment" and signed by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application, interview(s), or information withheld may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

State any additional information you feel may be helpful to us in considering your application.

Catholic Charities Maine is an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, sex, physical or mental disability, religion, age, ancestry or national origin, or of any other classification protected by law.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Notice of Consumer Report for Employment Purposes

Notice: Catholic Charities Maine will obtain a consumer report in connection with your application for employment. If you are hired, Catholic Charities Maine will obtain consumer reports about you from time to time in connection with your promotion, reassignment or retention as an employee.

PLEASE NOTE: Catholic Charities Maine only requests the following information:

- Maine Driving and Accident Record
- Department of Human Services (DHS)
- Sex Offender Registry
- State Bureau of Investigation
- Medicaid (if applicable)

WE DO NOT REQUEST CREDIT REPORTS.

Human Resources Director
Catholic Charities Maine

Authorization for Employment Background Check

I understand that (a) in evaluating my application for employment, and (b) thereafter, as a condition of employment, CATHOLIC CHARITIES MAINE, in its sole discretion, may from time to time procure information about me, including, but not limited to, my driving record from the Registry of Motor Vehicle and any other information on me maintained or generated by the Maine Department of Human Services, the Sex Offender Registry, the State Bureau of Investigation and Medicaid, if applicable. I consent to and hereby authorize the Employer to obtain that information.

In the event I am offered a paid position prior to the completion of the aforementioned reports, I realize that continued employment is contingent upon favorable results of such reports. Should unfavorable information be developed, I realize my position is subject to termination.

I authorize all persons, schools, companies, corporations, law enforcement agencies and other government agencies to release information concerning me to CATHOLIC CHARITIES MAINE and to anyone acting on behalf, without restriction or qualification. This authorization includes, but is not limited to, matters of opinion relating to character, ability, reputation and past performance. I release anyone who provides such information from any and all liability as a result of compliance with this request.

Name SS#

Current Address

Driver's License # State

Signature Date

List addresses in states in which you have previously lived in for the last ten years:

Address	City	State	Zip	How Long
Address	City	State	Zip	How Long
Address	City	State	Zip	How Long
Address	City	State	Zip	How Long
Address	City	State	Zip	How Long



Agency ID # 58

**PAT PARISEAU
 CATHOLIC CHARITIES MAINE
 P.O. BOX 10660
 PORTLAND, ME 04104-6060**

1. Name of Subject of child protective records research: _____
2. Date of Birth: _____
3. Others names known by: _____
4. Today's Date: _____

Only the above four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person. You included the \$15.00 fee per person, payable to the Treasurer, State of Maine.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- This person was not involved in a substantiated child protection case.
- Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form to authorize release of confidential child protective services case records information.
- The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083
 Findings Form
 Update 03/08

NOTES