

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 207-781-8550.

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:		Cell Phone:	

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 :
—
—
—
—

We are an equal opportunity/affirmative action employer

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.

Additional Information

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

References:

References- Work Related

We must have three references to process your applications. References should be professional such as former supervisors, Co-Works but can be also be personal references (family members would not be approved for use as a reference)

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, sexual orientation 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.

EXHIBIT A

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	Date of Birth	Social Security Number
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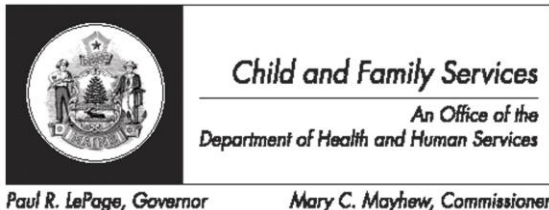
Current Address

Driver's License #	State
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Signature	Date
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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



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 58

**Jean Bassford
Catholic Charities of Maine
P.O. Box 10660
Portland, ME 04104**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ **ALIASES (including maiden):** _____

SIGNATURE: _____ **DATE:** _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→