

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

## VEVRAA PRE-OFFER INVITATION TO APPLICANTS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) Disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans. These

classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 3 of 12

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



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](mailto: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:	Email:	

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
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

(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:

### 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.	<hr/>	<hr/>
	Name	Phone #
	<hr/>	
	Email	
2.	<hr/>	<hr/>
	Name	Phone #
	<hr/>	
	Email	
3.	<hr/>	<hr/>
	Name	Phone #
	<hr/>	
	Email	
4.	<hr/>	<hr/>
	Name	Phone #
	<hr/>	
	Email	
5.	<hr/>	<hr/>
	Name	Phone #
	<hr/>	
	Email	

# Applicant's Statement

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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.

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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.

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