



Families Matter Inc.

**PO Box 404
Hallowell, Me. 04347
(207) 621-1024**

Employment Application

Adult Community Supports

*Federal and Maine State laws prohibit discrimination because of race, creed, color, national origin, sex, age, ancestry, physical, or mental disabilities.
{Families Matter Inc. is an EOE}*

Name: _____ Telephone #: (_____) _____ - _____

Address _____ City _____ State Zip _____

Social Security Number: _____ - _____ - _____ Are You at Least 18 Years old? Yes No

If hired are you able to produce proof of legal authorization to work in the United States? Yes No

Have you ever worked for us before? Yes No If yes, when? _____

If hired, what date would you be available to start work? _____

Position Desired: DSP Community Supports, DSP In-Home, Assistant Director, Administrative

Salary Desired: _____

Are you willing and available to work: (check all that apply)

Per Diem, Full-Time, Part-Time, On Call, Weekends, Holidays

Please list any schedule preferences: _____

Do you hold a valid Maine driver's license? Yes No

Do you have reliable means of transportation? Yes No

Any objections to travel required by job? Yes No

If applying for a clinical position, are you presently licensed/certified in the State of Maine? Yes No

Specify license or certification _____ Number _____

Education:

School and Location (include high school, vocational school, college) list most recent first.

School/College	Years completed	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other special skills/training: _____

Work Experience:

List most recent employer first. Please complete in full even though you have a resume.

Employer: _____ Address: _____

Telephone # _____ Position: _____

Supervisor's Name and Title: _____ Dates Worked: from _____ to _____

Rate of Pay \$ _____ Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____ Address: _____

Telephone # _____ Position: _____

Supervisor's Name: _____ Dates Worked: from _____ to _____

Rate of Pay \$ _____ Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone # _____ Position: _____

Supervisor's Name: _____ Dates Worked: from _____ to _____

Rate of Pay \$ _____ Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone # _____ Position: _____

Supervisor's Name: _____ Dates Worked: from _____ to _____

Rate of Pay \$ _____ Duties: _____

Reason for Leaving: _____

Are there any environmental adaptations and or special equipment needed in order for you to perform job tasks for the position you are applying for? _____

Please provide five references, at least three being professional references (Known at least one year)

Name	Address	Occupation	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Criminal Background Check Information:

Have you ever pleaded guilty, no-contest to or been convicted of a felony? Yes No

Have you ever pleaded guilty, no-contest to or been convicted of a misdemeanor (except traffic offenses)
Yes No

Failure to list convictions at the time of application will result in rejection of my application or dismissal if hired.

If you answered "Yes" to either of the previous questions, Please explain: _____

Have you ever been investigated by, sanctioned by or otherwise had your ability to participate as a provider in Medicaid, Medicare or other government sponsored health insurance program suspended, revoked, limited or terminated? Yes No

If so, Please explain: _____

I affirm that the facts set forth in my application are true and complete and that any false or incomplete statements are grounds for dismissal by Families Matter Inc. I give Families Matter Inc. permission to call and request professional references and also to run appropriate checks with state and federal agencies. I understand while working with Families Matter Inc. I will be working on its payroll system, salary deductions will be those required by law. I agree that all information regarding my work and wages will be kept confidential.

My signature certifies that I have read and agree with the above statement.

Signature: _____ Date: _____

**Background Check Reference Form
Families Matter, Inc.
Information Release**

Date _____

Applicant: _____ Maiden Name: _____

Aliases: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Date of Birth: _____ Social Security Number: _____

Company Name/Address: _____ Phone #: _____

Job Title: _____ Dates employed from _____ to _____

I hereby willingly release the above information and give permission to Families Matter, Inc. to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any rights under law concerning notification of the request for a release of such information. I hereby delegate Families Matter, Inc. as my agent for the receipt of said information. Furthermore, I release Families Matter or any of the companies agents from any damages whatsoever that may be incurred in obtaining the background check documents. I understand that the scope of this criminal background check will be limited as required by applicable law.

Applicant Signature

Date

APPLICANT PLEASE DO NOT WRITE BELOW THIS SECTION

Attention (name of person giving reference) _____ Facility: _____

The individual named above is applying for a position as _____ and has given you as a reference. Both the applicant and Families Matter Inc. will benefit from prompt and thoughtful response as his/her employment is pending. If you have any questions please call Families Matter Inc. @ (207) 621-1023. Thank You for your cooperation.

Families Matter Inc.	Representative	Title
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Please confirm dates of employment: From: _____ to: _____

Applicant's position at time of separation: _____ Did you supervise applicant? _____

Is applicant eligible for rehire? Yes No If no, Please explain: _____

Reason for leaving? _____

Please rate the applicant on the following on a scale of 1 to 4 (1 being unacceptable - 4 being above)

Reliability/ Attendance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
General Attitude	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Ability to accept Criticism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Attitude toward supervision/management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Interaction with clients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Job performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Additional Comments: _____

APPLICANT SURVEY

Your name: _____ Today's Date: _____

Please take an extra moment to let us know how you heard about potential employment with Families Matter Inc.

- Families Matter Inc. Employee Name: _____
- Newspaper Advertisement Name of newspaper: _____
- Internet Web-Site Which one: _____
- Trade Journal/Business Magazine Name: _____
- Other Please specify: _____

Thank you for taking the time to fill out this survey! Your answers will help our administrative staff to better serve our clients.