

FIVE TOWN Communities That Care
Dalene Dutton – Executive Director



Five Town Communities That Care
PO Box 1135
Rockport, ME 04856
(207) 236-9800

APPLICATION FOR EMPLOYMENT

FIVE TOWN COMMUNITIES THAT CARE DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date: _____

Name: _____

Position applying for: _____
(STAR Program Staff, STAR Skill Instructor, Math Mentor, Literacy Mentor)

When will you be available? _____

(Position location: Appleton, Camden, Hope, Lincolnville, Rockport)

Permanent Address: _____

Phone: _____

Email: _____

EDUCATION: Starting with high school, list any schools or colleges you may have attended.

| School Attended | Address (City, State) | No. of Yrs. Attended | Graduated/Degree |
|-----------------|-----------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SPECIAL SKILLS:

Do you hold a valid drivers license? State: _____ Endorsement: _____

What office machines are you familiar with?

What other special skills do you have or licenses do you hold that may be relevant to this position?

EXPERIENCE: Please list all previous employment starting with the most recent job held. Use the back of the page if necessary. Please account for any gaps in employment during the past ten years on the back of page.

| From To (month/year) | Position | Duties | Employer |
|-------------------------|----------|--------|----------|
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ___ No ___

Has your contract in a prior position ever been non-renewed? Yes ___ No ___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved. Use additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES: List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact.

| Name | Position | Address | Phone |
|-------|----------|---------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Five Town Communities That Care contacts in connection with my employment application to fully provide Five Town Communities That Care any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Five Town Communities That Care, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature/Date

APPLICATION CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- _____ Application form fully completed
 - _____ Gaps in employment during the past ten years explained
 - _____ YES to any of the questions in the Background section explained
 - _____ Application signed
 - _____ Three contacts who will be able to serve as references for the position you are applying for
-

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF FIVE TOWN COMMUNITIES THAT CARE. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.