



MID-MAINE HOMELESS SHELTER & SERVICES
 19 COLBY STREET, WATERVILLE, ME 04901
 (207) 872-8082 ♦ (207) 872-6550 ♦ FAX: (207) 872-0834
 NowHiring@ShelterMe.org ♦ www.shelterme.org

Application for Employment

Unless application is completed in its entirety, there may be a delay in the hiring process. Do not answer "See Resume" (Please Print Clearly)

| | | | | | | |
|--|---------------------|------------------------|--|-----------------------------------|----------------------------|----------|
| Name | | | | | | |
| First | | MI | Last | | | |
| Mailing Address | | | | | | |
| City | | State | Zip | County | | |
| Email Address: | | | Home Phone | | Cell Phone | |
| Have you ever worked, obtained licensing or certification, or attended school, under a different name? | | | If yes, please list your previous name(s) here 1. 2. 3. | | | |
| Can you, after employment, submit verification of your legal right to work in the United States? | | | Are you at least 18 years of age? | | | |
| Have you ever worked for Mid-Maine Homeless Shelter and Services? | | | If yes, when? | | | |
| Position applying for: | | | # Hrs willing to work per week: | Minimum Salary Requirements \$/Hr | Date Available: | |
| Please enter the start and end times that you are available to work each week: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Do you have any commitments to another employer that might affect your employment with us? | | | | | | |
| Please list any related certifications, licenses, skills, experiences or qualifications: | | | | | | |
| EDUCATION (Do Not Answer "See Resume") | | | | | | |
| School | Name/Address | Course of Study | Years Completed | Did you Graduate? | List Diploma/Degree | |
| High School | | | 9 10 11 12 | | | |
| College/Additional Courses | | | | | | |

| | |
|--|--|
| EMPLOYMENT HISTORY: (Do Not Answer "See Resume") | Please list CURRENT employer or most recent first. Then list prior employment history where indicated. If you have a gap in employment, please explain in the section following Employment History. |
|--|--|

| | | |
|---|---|---|
| Employer Address _____ _____ | Employment Dates: Start Date: ____ Mo/Yr End Date: ____ Mo/Yr | Supervisor's Name _____ Telephone Number _____ Your Job Title _____ |
|---|---|---|

| | | |
|--|---------|---------------------|
| May we contact this employer? _____ Yes _____ No | Duties: | Reason for leaving: |
|--|---------|---------------------|

| | | |
|---|---|---|
| Employer Address _____ _____ | Employment Dates: Start Date: ____ Mo/Yr End Date: ____ Mo/Yr | Supervisor's Name _____ Telephone Number _____ Your Job Title _____ |
|---|---|---|

| | | |
|--|---------|---------------------|
| May we contact this employer? _____ Yes _____ No | Duties: | Reason for leaving: |
|--|---------|---------------------|

| | | |
|---|---|---|
| Employer Address _____ _____ | Employment Dates: Start Date: ____ Mo/Yr End Date: ____ Mo/Yr | Supervisor's Name _____ Telephone Number _____ Your Job Title _____ |
|---|---|---|

| | | |
|--|---------|---------------------|
| May we contact this employer? _____ Yes _____ No | Duties: | Reason for leaving: |
|--|---------|---------------------|

| | |
|------------------------------------|--|
| GAPS IN EMPLOYMENT HISTORY: | |
|------------------------------------|--|

| | |
|------------------|-------------------|
| Dates: Reason | Dates: Reason: |
|------------------|-------------------|

REFERENCES:

Please list 3 individuals that have supervised you in the past. DO NOT include friends or family.

1) Name _____ Business you worked for _____

Phone Number: _____ Relationship _____

2) Name _____ Business you worked for _____

Phone Number: _____ Relationship _____

3) Name _____ Business you worked for _____

Phone Number: _____ Relationship _____

Please Read Carefully: I authorize the release of information by previous and present employers, schools, persons or investigating bureaus needed to provide relevant information required to arrive at an employment decision.

Printed Name: _____

Signature: _____

Date: _____

Please Read Carefully: The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements on this application may result in dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application for employment obligate the employer in any way if the employer decides to employ me. In the event that I am offered a position with Mid-Maine Homeless Shelter and Services, I give permission to Mid-Maine Homeless Shelter and Services to perform a criminal background check. I understand and agree that my employment is at will and can be terminated by either party for any reason or for no reason. No one other than a member of the Leadership Team has any authorization to enter into any agreement for employment for any specified period of time.

Printed Name: _____

Signature: _____

Date: _____

Mid-Maine Homeless Shelter & Services provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.