



Mid-Maine  
Homeless Shelter  
& Services

Hope Starts Here  
[www.shelterme.org](http://www.shelterme.org)

**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](http://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:						
<b>EDUCATION (Do Not Answer "See Resume")</b>						
<b>School</b>	<b>Name/Address</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Did you Graduate?</b>	<b>List Diploma/Degree</b>	
High School			9 10 11 12			
College/Additional Courses						

<b>EMPLOYMENT HISTORY:</b> (Do Not Answer "See Resume")	<b>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.</b>
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Employer  Address  _____  _____	Employment Dates: Start Date: ____ Mo/Yr  End Date: ____ Mo/Yr	Supervisor's Name  _____  Telephone Number _____  Your Job Title  _____
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May we contact this employer?  _____ Yes                      _____ No	Duties:	Reason for leaving:
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Employer  Address  _____  _____	Employment Dates: Start Date: ____ Mo/Yr  End Date: ____ Mo/Yr	Supervisor's Name  _____  Telephone Number _____  Your Job Title  _____
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May we contact this employer?  _____ Yes                      _____ No	Duties:	Reason for leaving:
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Employer  Address  _____  _____	Employment Dates: Start Date: ____ Mo/Yr  End Date: ____ Mo/Yr	Supervisor's Name  _____  Telephone Number _____  Your Job Title  _____
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May we contact this employer?  _____ Yes                      _____ No	Duties:	Reason for leaving:
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<b>GAPS IN EMPLOYMENT HISTORY:</b>	
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Dates: Reason	Dates: Reason:
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**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.