



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, marital, or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Newspaper Advertisement <i>(Please note which paper)</i> _____ <input type="checkbox"/> Friend / Relative	
<input type="checkbox"/> Unemployment Office <input type="checkbox"/> Job Posted at KVCAP/on KVCAP's web page <input type="checkbox"/> Other _____	

Legal Last Name	Legal First Name	Legal Middle Name
Address		
Telephone Number(s) (best way to contact you)		

Are you 18 years of age or older? Yes No

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or an alien authorized to work in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Would you work in: Waterville Area Skowhegan Area Augusta Area

Have you ever been convicted of, or plead guilty to, or plead no contest, or are you presently charged with a crime? If yes, please explain _____ Yes No

Have you ever been convicted of, or are you presently charged with reckless driving, operating a motor vehicle while under the influence, or driving to endanger? If yes, please explain _____ Yes 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

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disability or other protected status.

1.

Employer		DATES EMPLOYED		Work Performed
		From	To	
Address				
Telephone Number(s)		HOURLY RATES/SALARY		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

2.

Employer		DATES EMPLOYED		Work Performed
		From	To	
Address				
Telephone Number(s)		HOURLY RATES/SALARY		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

3.

Employer		DATES EMPLOYED		Work Performed
		From	To	
Address				
Telephone Number(s)		HOURLY RATES/SALARY		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

4.

Employer		DATES EMPLOYED		Work Performed
		From	To	
Address				
Telephone Number(s)		HOURLY RATES/SALARY		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

PLEASE USE THIS SPACE TO EXPLAIN ANY TIME PERIODS DURING WHICH YOU WERE NOT EMPLOYED.

Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.												
List any licenses held or certifications completed.												

Additional Information

Why are you interested in this job?

State any additional information you feel may be helpful to us in considering your application.

References

Give name, address and telephone number of three references who are not related to you.

1.
2.
3.

Applicant's Statement

I certify the facts set forth in my application for employment are true and complete. I understand, if employed, false statements on, or material omitted from this application shall result in dismissal. I authorize KVCAP to verify all statements contained in this application and to make any necessary reference checks and checks with prior employers.

I authorize the references and employers listed to give KVCAP any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from liability from any damage which may result from furnishing the same to KVCAP.

This application for employment shall be considered only for an existing vacancy in the position(s) indicated on the front page, and shall be considered active for no more than 45 days.

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 the Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Furthermore, I understand that if I accept offered employment, such employment is contingent on the results of background checks through the Department of Health & Human Services (DHHS), State Bureau of Investigation (SBI) and, if applicable, a Department of Motor Vehicle (DMV) checks.

SIGNATURE OF APPLICANT

DATE