

Employment Application

* Fields marked with an * must be completed.

Section I: Personal Information

* First Name

* Last Name

Address

City

State

Email Address

* Phone Number

* How should we reach you? Email Phone Text

Section II: Position

Position(s) you are applying for:

Mental Health Rehabilitation Technician

Certified Residential Medication Aide

Direct Support Professional

Personal Support Specialist

Dietary aide, cook or housekeeping

Other _____

What location are you most interested in? _____

Are you interested in:

Full Time (min. of 30 hours per week)

Part Time (less than 30 hours per week)

Per Diem / Relief (no weekly set schedule; act as a substitute when you are available)

Date available to start: _____

Section III: Work History and Education

Is your resume attached?

Yes – skip to Section IV: Additional Information

No – please complete the following

Employer Name:	Dates Employed: From:	To:
Employer Address:	Final Rate of Pay:	
Job Title:		
Duties Performed:		
Reason for Leaving:		
Supervisor Name:	Supervisor Phone Number:	
May we contact the supervisor for a reference?	Yes	No

Employer Name:	Dates Employed: From:	To:
Employer Address:	Final Rate of Pay:	
Job Title:		
Duties Performed:		
Reason for Leaving:		
Supervisor Name:	Supervisor Phone Number:	
May we contact the supervisor for a reference?	Yes	No

Employer Name:	Dates Employed: From:	To:
Employer Address:	Final Rate of Pay:	
Job Title:		
Duties Performed:		
Reason for Leaving:		
Supervisor Name:	Supervisor Phone Number:	
May we contact the supervisor for a reference?	Yes	No

* Do you have a High School Diploma or GED? Yes No

If you have post-high school education, please complete the following:

Name of college/institute	# Years	Major	Degree

List all professional certifications/licenses, for example CRMA, CNA, DSP, PSS, RN, MHRT-I, etc.:

Name of license/certification: _____ State: _____ Active: Yes No
 Name of license/certification: _____ State: _____ Active: Yes No
 Name of license/certification: _____ State: _____ Active: Yes No

Has your professional certification/license ever been suspended? Yes No

If yes, please explain: _____

Section IV: Additional Information

Are there other skills or experiences that relate to the position that you would like to share?

* Are you 18 years of age or older? Yes No

* Do you have a valid driver's license? Yes No

Answers to the following two questions do not automatically disqualify you from employment. However, false or incomplete responses may result in disqualification.

1. * In the past ten years have you been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

2. * Have you ever been investigated and/or substantiated for Abuse, Neglect, or Exploitation of a child or adult? Yes No If yes, please explain: _____

Have you previously worked for Medical Care Development, MCD Communities, or New Communities?

Yes No

Do any relatives or members of your household currently work for New Communities or are residents/clients of New Communities?

No

Yes Resident or Employee Name: _____

Program/location: _____

How did you learn about the position(s)?

Indeed JobsinME New Communities Website Newspaper

New Communities employee (name of employee): _____

Other (please specify): _____

Section V: Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I agree to promptly advise New Communities, Inc. Human Resources if an event occurs that would change my response to any of these answers or if new information arises regarding these matters.

Certify that I am legally authorized to work in the U.S.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to authorize background checks if a conditional job offer is made.

I hereby authorize all my previous employers or references to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry in furnishing this information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I affirm that this information is true and accurate and agree to all of the disclosures and conditions included in this application.

* Signature: _____ *Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. New Communities Inc. (NCI) is an equal opportunity organization. Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

Please send your completed application to New Communities' Human Resources Team at ncihr@newcomms.org. For questions please call 207-591-0751 option 3.