



## Employment Application

<b>APPLICANT INFORMATION</b>			
Last Name:	First Name:	M.I.:	Date:
Street Address:			Apartment /Unit #:
City:	State:	ZIP:	
Phone:		E-Mail:	
SSN:	Desired Salary:	Date Available:	
Position Applied For:		I am available...	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Circle one) (Circle one)	
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mon: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tue: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
If so, when?		Wed: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
How did you hear about Pillars?		Thu: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
		Fri: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
		Sat: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
		Sun: ___ a.m. /p.m. -to- ___ a.m. /p.m.	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain (number of convictions, nature of offense, how recent, sentence, rehabilitation)			

<b>EDUCATION AND TRAINING</b>				
High School:	City:	Diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College:	City:	Attendance Dates:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:	City:	Attendance Dates:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Please list all relevant education or training:				

<b>ABILITY</b>		
Can you lift 30 lbs.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you walk up and down stairs without difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable using your personal vehicle to transport clients? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the maximum distance (miles) from your home that you are willing to drive to get to your shifts?



**REFERENCES**

*Please list three **professional** references. Personal references are not acceptable.*

Full Name:	Relationship:	Phone:
Full Name:	Relationship:	Phone:
Full Name:	Relationship:	Phone:

**PREVIOUS EMPLOYMENT**

<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title	Starting Salary:	Ending Salary:
Responsibilities:		
Dates of Employment:	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title	Starting Salary:	Ending Salary:
Responsibilities:		
Dates of Employment:	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title	Starting Salary:	Ending Salary:
Responsibilities:		
Dates of Employment:	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		



<b>MILITARY SERVICE</b>		
Branch:	From:	To:
Rank at discharge:	Type of discharge:	
If other than honorable, please explain:		

<b>APPLICATION FORM WAIVER</b>	
Please read each paragraph carefully, initial each, and sign below.	
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize Pillars Community Outreach, Inc. to thoroughly investigate my references, work records, education, driving record, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to Pillars Community Outreach, Inc. any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release Pillars Community Outreach, Inc., my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosures.
	I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Pillars Community Outreach, Inc., other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for not definite or determinable period of time and may be terminated at any time, at the option of either myself or Pillars Community Outreach, Inc., and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.
Signature of Applicant:	Date:

Pillars Community Outreach, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Pillars Community Outreach, Inc. depends solely on your qualifications.

Please submit to Pillars Community Outreach, Inc.  
 By Mail: 121 Main St. Fairfield, Maine 04937  
 By Fax: (207) 453-4502  
 Or in person.

Thank you for completing this application, and for your interest in our business.



## Pre-Interview Worksheet

Please complete and return with your application.

Name: \_\_\_\_\_

- 1) Out of the following character traits, circle the **top 5** most important to you:

Punctual	Dependable	Fair/Just
Organized	Articulate	Kind
Loyal	Responsible	Meticulous
Honest	Carefree	Clean
Candid	Intelligent	Steady/Calm
Friendly	Shrewd	Wise

- 2) How do you feel you are best able to learn? (Circle all that apply)

A. **Seeing** it done  
B. **Hearing** instruction  
C. **Doing** (hands-on)

- 3) What is your understanding of the nature of Daily Living Support Services?

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- 4) Are you comfortable with meeting new people?

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- 5) How well are you able to handle/manage your own emotions in stressful situations?

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