



39 DARLING AVE., SO.PORTLAND, ME 04106 (207)879-0847 /28 FODEN ROAD, SO.PORTLAND, ME 04106 (207)774-6278

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, sexual orientation, or the presence of non-job related medical conditions or disabilities.

Please fill out completely

Today's Date: _____

Date Available for Work: _____

Name: _____				
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Other Names Used</i>	
Telephone :(h) _____		E-mail: _____		
(w) _____				
Address: _____				how long? _____
Previous Addresses (at least 10 years)				
_____				how long? _____
_____				how long? _____
_____				how long? _____
_____				how long? _____

Available to work: Full-time Part-time Per Diem (on-call)

Program Desired: Community/Day Services: Home Support Services: Mental Health Residential:

STRIVE/STRIVE U: Case Management: Any position for which I qualify

Hours available (please specify times):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

DSP experience: Do you have any experience as a direct support professional (DSP)? Yes No

- If yes, specify dates of employment as a DSP: _____
- Do you have a DSP Certificate? Yes No
- Do you have an MHRT I or an MHRT Provisional? Yes (expiration date: __/__/__) No

Do you have: A car? A driver's license? A clean driving record? (This includes all tickets and accidents)

Yes: No: If no please elaborate: _____

- Are you 18 years or older? Yes No
- Have you ever been convicted of a crime? Yes No If yes, give dates, type of offense and results of the conviction. _____

There are instances in which federal or state law, regulation, or rule mandates that a criminal conviction disqualifies an applicant from a position, imposes an obligation on an employer not to hire an applicant who has been convicted of a certain type of offense, or requires that an employer conduct a criminal history record check. We do conduct criminal history record checks and are mandated to not employ

individuals with certain convictions, for example, assault and other crimes against people. Some convictions, while not a definite disqualifier, will need to be assessed on an individual basis.

- Have you ever been investigated for abuse or neglect of an individual? Yes No
- Have you ever applied for work at this company before? Yes No . If yes, where and when? _____
- How were you referred to us? _____

EDUCATIONAL BACKGROUND

Degree	School Name & Address	Course/Major	Graduated (YES/NO)
Post Graduate			
College			
High School			
Trade School			
Other			

Proof of education is required for employment with PSL Services/STRIVE. Are you able to provide documentation in the form of diploma, transcripts or written verification from institution of the above listed information? YES NO

EMPLOYMENT

If you have never been employed, please write in names of non-relatives who may be contacted for references. If you are attaching a resume, please complete the sections not covered in your resume.

Are you currently employed? YES NO

Current or last employer

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
Reason for leaving: _____		

Previous Employment

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
Reason for leaving: _____		

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
_____	Reason for leaving: _____	_____
_____	_____	_____

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
_____	Reason for leaving: _____	_____
_____	_____	_____

May we contact all the employers listed above? YES NO
 If not, which ones should we not contact and why? _____.

Professional References (Please list at least 3 professional references):

Name	Address or e-mail address	Phone #	Relationship

Personal References (Please list at least 3 non-related personal references):

Name	Address or e-mail address	Phone #	Relationship

Please list all trainings and current certifications relevant to position applied for:

Certificate	Date completed	Expiration (or N/A)	Trainer or Agency
Direct Support Professional	In progress <input type="checkbox"/> OR Completed on ___/___/___	N/A	
MHRT I			
MHRT Provisional			
First Aid			
CPR			
CRMA (24 Hour)			
CRMA (40 Hour)			

Other relevant certificates:

Please use the space below to summarize any additional information necessary to describe your full qualifications.

Applicant's Certifications and Agreement and Authorization for Background Checks

Please read carefully

The distribution or receiving of this application by Peregrine Corporation does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

This application will be considered valid for no longer than one year. Reapplication is necessary after one year.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I hereby authorize you to make any investigation of any personal/employment history record including the use of investigative agencies or bureaus of your choice. This report may include information as to my character, general reputation, and personal characteristics.

I hereby authorize Peregrine Corporation to complete a criminal, Department of Human Services, and Motor Vehicle Background Check as part of its consideration of my application for employment. I further authorize appropriate authorities and the State of Maine Department of Human Services Child Protective Services to release any pertinent information to Peregrine Corporation about myself.

I authorize previous employers, schools which I attended, and character references to provide information pertaining to my contact with them. I further authorize Peregrine Corporation to get my employment records.

I understand that should any information relating to incidents in my past which may affect my relationship with the clients in the program, the staff, or the operation of the program be uncovered, such information may be considered sufficient reason to reject my application for employment or immediate termination. I understand that, if employed, falsified statements or material omissions on my application or resume shall be considered sufficient cause for dismissal.

I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States prior to being employed.

I hereby acknowledge that any employment relationship with Peregrine Corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the Executive Director of Peregrine Corporation.

Name of applicant: _____

Names which you have previously used: _____

Signature of applicant: _____ Date: _____