



Application for Employment

(Pre-Employment Questionnaire)

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE	

DESIRED EMPLOYMENT

DESIRED POSITION	DATE YOU CAN START	DESIRED SALARY RANGE
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?
HAVE YOU WORKED FOR PROVIDENCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REASON FOR LEAVING PROVIDENCE:		
NAME OF LAST SUPERVISOR AT PROVIDENCE:		
WHO REFERRED YOU TO PROVIDENCE or HOW DID YOU FIND OUT ABOUT PROVIDENCE?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> JOB FAIR <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> JOBSINME.COM <input type="checkbox"/> SERVING SCHOOLS.COM <input type="checkbox"/> OTHER _____		
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE STUDY/COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING, LICENSES, CERTIFICATIONS:
SPECIAL SKILLS:



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FORMER EMPLOYERS (STARTING WITH MOST RECENT JOB FIRST)

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING:				
NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				



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SERVICE RECORD

BRANCH OF SERVICE	DATE OF DISCHARGE	RANK AT DISCHARGE

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES (IF YES, PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO

REFERENCES (Please provide 3 PROFESSIONAL REFERENCES that you have known at least one year, and have worked for in a professional job; or, an academic advisor or professor if you have worked in your profession)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	PHONE
1				
2				
3				

Providence Service Corporation of Maine is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, or engage in any other unlawful discrimination.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give Providence Service Corporation of Maine any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from use of such information.

I hereby acknowledge and understand that as a condition of my employment: (PLEASE INITIAL)

_____ I am waiving my right to have a trial by jury to resolve any lawsuit related to my application or employment with the Company;

_____ I am waiving my right to participate as a member of a Class or Collective action lawsuit and/or serve as a class representative of similarly of similarly situated employees in any lawsuit against the Company.

I also understand and agree that no representative of our company has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. Employment at Providence Service Corporation of Maine is at all times strictly at-will, and employment can be terminated at any time by either party."

SIGNATURE

DATE