

Application For Employment

25 Winter St. Gardiner, ME 04345
207-582-8021 fax: 207-582-2457
email: humanresources@upliftmaine.org



We are an Equal Opportunity Employer and is committed to excellence through diversity. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.

Please print or type. The application must be fully completed to be considered. Please complete each section and attach a resume if applicable.

DATE:

Personal Information

Name _____

Social Security Number _____ - _____ - _____

| | | | | |
|---|---------------|--|-------|-----|
| Address | | City | State | Zip |
| Phone Number | Mobile Number | Email Address | | |
| Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you ever worker for Uplift before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES Did you leave in good Standing? | | |

Position

| | | |
|---|----------------------|-------------|
| Position You Are Applying For | Available Start Date | Desired Pay |
| Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |

Education

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References

| Name | Title | Company | Phone |
|------|-------|---------|-------|
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|--|--|--|--|
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Employment History

| | | | |
|---------------------|-------------------|-------|-----------------|
| Employer (1) | Job Title | | Dates Employed |
| Work Phone | Starting Pay Rate | | Ending Pay Rate |
| Address | City | State | Zip |
| Employer (2) | Job Title | | Dates Employed |
| Work Phone | Starting Pay Rate | | Ending Pay Rate |
| Address | City | State | Zip |
| Employer (3) | Job Title | | Dates Employed |
| Work Phone | Starting Pay Rate | | Ending Pay Rate |
| Address | City | State | Zip |
| Employer (4) | Job Title | | Dates Employed |
| Work Phone | Starting Pay Rate | | Ending Pay Rate |
| Address | City | State | Zip |
| | | | |

Signature Disclaimer

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire, or for discharge. I acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, by either myself or Uplift, for any reason not expressly prohibited by law. Nothing on this application is intended to create or imply a contractual relationship. If hired, I further understand that employment is at will, that it is not for any specific time period or duration and can be terminated with or without reason at any time.

| | |
|---------------------|--------------------|
| Name (Please Print) | Signature and Date |
|---------------------|--------------------|



Reference Checking Consent and Authorization Form

Disclosure

Please read the information on this form carefully and completely.

I have applied for employment with the Uplift, Inc. and have provided information about my previous employment. I authorize Uplift, Inc. to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organization. I knowingly and voluntarily release all former and current employers, references, and Uplift, Inc. from any and all liability arising from their giving or receiving information about my employment history, and/or my qualifications, and my suitability for employment with Uplift, Inc.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Name: _____ Signature: _____ Date: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____