

# Employment Application



## Community Health and Counseling Services (CHCS)

P.O. Box 425, 42 Cedar Street, Bangor, ME 04402-0425

Phone: (207) 947-0366 ext. 4621, TTY: (207) 990-4730, Fax: (207) 942-9290

[www.chcs-me.org](http://www.chcs-me.org)

Community Health and Counseling Services (CHCS) is an equal opportunity and affirmative action employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation gender identity, national origin, disability, genetic information, protected veteran status or any other classification protected by federal, state, or local law.

**THIS FORM MUST BE COMPLETED IN FULL.**  
**DO NOT LEAVE SPACES BLANK WITH A NOTE TO "SEE RESUMÉ."**

Today's Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Desired Location(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

Have you ever worked for this agency before?  Yes  No If Yes, Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Referral Source:  Newspaper  Current Employee  CHCS Website  Other Website  Walk-in  Other \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Are you able to work?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide your own transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you respond "yes" to any of the following five questions, please provide a brief explanation on page 4. Answering "yes" to any of the following five questions does not necessarily disqualify you from employment. Each case is considered separately based on factors such as the job for which you are applying, the seriousness and nature of the circumstances, and the date of the occurrence(s).**

Have you ever been the subject of a child or adult abuse allegation or complaint?  Yes  No

Have you ever been convicted of a crime? (Includes "felony", "misdemeanor", "OUI")  Yes  No

Is there a criminal action currently pending against you?  Yes  No

Have you been the subject of any protection from abuse orders, or any other types of orders involving domestic violence within the past five years?  Yes  No

Have you ever, in this state or any other state, had a license or certificate (e.g. professional license, drivers license) revoked or suspended, or have you ever voluntarily surrendered a license or certificate?  Yes  No

## Education, Work and Military Experience

- ❖ When listing education, if you have not completed a degree program indicate how much is completed, based on full-time attendance (i.e., 15 credit hours per semester).
- ❖ Start with your most recent position and move backward through all positions and military service for the past twenty years. You may exclude employment during high school.
- ❖ **Include the month and year you began and ended each position, and the average hours/week you worked.** This is vital for potentially calculating a salary quote.
- ❖ Furnish dates and explanations for each period of **unemployment** of one month or more.
- ❖ You may attach a resumé for supplemental information related to volunteer work, memberships, associations, etc.
- ❖ Use the space on page 4 for additional information and copy page 3 as needed for additional positions.

Name of School	City, State	Number of Years Completed	Degree Awarded	Type (e.g. BS, MSW)	Major
High School or Equivalency			<input type="checkbox"/> Yes		
Post Secondary			<input type="checkbox"/> Yes		
			<input type="checkbox"/> Yes		
			<input type="checkbox"/> Yes		

Professional License(s) or certification(s) currently held (include numbers if applicable): \_\_\_\_\_

\_\_\_\_\_

.....

Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to(mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ If currently employed, may we contact?  Yes  No

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

.....

Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to(mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to(mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_



Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to(mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_



Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to(mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Present or last position \_\_\_\_\_

Address \_\_\_\_\_

Employed from(mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_ Aver. Hrs./Wk. \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**Use this space for additional information:**

**~Applicant's Statement~**

**(This statement is only valid when signed exactly as printed on this form.)**

1. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that if I am hired, any false or misleading statement or omission of material fact may lead to dismissal.
2. I authorize Community Health and Counseling Services (CHCS) to verify all statements contained in this application and to make any necessary job related reference checks.
3. I authorize the employers, supervisors, and references provided or discovered during my application process to give CHCS any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage or injury that may result from furnishing same to CHCS.
4. I understand that an offer of employment may be conditioned on the results of a medical examination and background checks.

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Signature of Applicant

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Date

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Print Name



# Community Health and Counseling Services (CHCS)

## Human Resources Department

### Voluntary Invitation to Self-Identify

CHCS is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CHCS invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**GENDER** (Circle One):    Male                      Female                      I do not wish to disclose

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North And South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.
- I Do Not Wish To Disclose My Race/Ethnic**

**Please sign this form even if you are not self-identifying at this time.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. For more information or questions please contact Valerie Spaulding, Health and Safety Manager, at (207) 922-4626.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



**Community Health and Counseling Services (CHCS)**  
**Human Resources Department**  
**Pre-Offer Invitation to Self-Identity**  
**For Protected Veterans**

CHCS is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - 1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;  
or
  - 2) a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO DISCLOSE MY STATUS

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today's Date