



# Phillips-Strickland House Corporation

21 Boyd Street, Bangor, ME 04401 Telephone: (207) 941-2820 Fax: (207) 941-2829

## APPLICATION FOR EMPLOYMENT

It is the policy of the Phillips-Strickland House Corporation to provide equal opportunity in employment without regard to race, color, religion, sex, gender orientation, physical or mental handicap, ancestry or national origin, age or veteran status.

Position Applying for \_\_\_\_\_

Applying for:  Full Time  Part Time  Either

List by order of preference which shift you would prefer

7:00 am to 3:00 pm  3:00 pm to 11:00 pm  11:00 pm to 7:00 am

If part time, specify available days and hours \_\_\_\_\_

### Personal Information:

Name \_\_\_\_\_  
Last First Middle

Are you 18 years of age or older? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code

How did you learn of this opening? \_\_\_\_\_

List names and titles of relatives working for Phillips-Strickland House Corporation

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

Have you ever worked in an assisted living facility for the elderly? \_\_\_\_\_ If yes, please list job title, location, and length of employment

\_\_\_\_\_  
Job Title Location Length of Employment

Have you ever applied for a job here before? \_\_\_\_\_ Are you legally eligible to work in the United States? \_\_\_\_\_

I understand that if I am offered the position for which I am applying, that I will be required to pass an occupational health physical exam relating to the requirements of the position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Educational Background

School Name & Address	Circle Last Yr. Completed	Course or Major
Elementary _____	8 _____	
High School _____	9 10 11 12 _____	
College or Technical School _____	1 2 3 4 _____	
Other _____		
Special Skills: Served Apprenticeship _____	Trade _____	
Language Fluency _____	Keyboarding WPM _____	Computer Literacy _____
Other Equipment Skills _____		
Special qualifications that may help us in evaluating your application _____		
_____		
_____		

## Work Experience (please list in order, last or present employer first)

- |                           |                          |
|---------------------------|--------------------------|
| Company Name _____        | Name of Supervisor _____ |
| Company Address _____     | Title _____              |
| Dates of Employment _____ | Reason for Leaving _____ |
- |                           |                          |
|---------------------------|--------------------------|
| Company Name _____        | Name of Supervisor _____ |
| Company Address _____     | Title _____              |
| Dates of Employment _____ | Reason for Leaving _____ |
- |                           |                          |
|---------------------------|--------------------------|
| Company Name _____        | Name of Supervisor _____ |
| Company Address _____     | Title _____              |
| Dates of Employment _____ | Reason for Leaving _____ |
- |                           |                          |
|---------------------------|--------------------------|
| Company Name _____        | Name of Supervisor _____ |
| Company Address _____     | Title _____              |
| Dates of Employment _____ | Reason for Leaving _____ |
- |                           |                          |
|---------------------------|--------------------------|
| Company Name _____        | Name of Supervisor _____ |
| Company Address _____     | Title _____              |
| Dates of Employment _____ | Reason for Leaving _____ |

May we contact your present employer? \_\_\_\_\_

**Work References:**


Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

Certificate of Application: I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or concealment of material facts will subject me to disqualification before appointment or dismissal after appointment. In consideration of employment, I understand that my employment and compensation can be terminated with or without notice, at any time, at the option of either the employer or myself. I understand that no representative of Phillips-Strickland House Corporation, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. No promises or suggestions that may have been made by others during the hiring process are valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**REFERENCE CHECK (For Employer Use Only)**

**Employer 1**—Person Contacted \_\_\_\_\_  
Results \_\_\_\_\_

**Employer 2**—Person Contacted \_\_\_\_\_  
Results \_\_\_\_\_

**Employer 3**—Person Contacted \_\_\_\_\_  
Results \_\_\_\_\_

**Employer 4**—Person Contacted \_\_\_\_\_  
Results \_\_\_\_\_

**Employer 5**—Person Contacted \_\_\_\_\_  
Results \_\_\_\_\_

**WORK REFERENCES**

1. Comments \_\_\_\_\_

2. Comments \_\_\_\_\_

3. Comments \_\_\_\_\_