

Choices Are For Everyone, Inc.

90 Bridge Street Suite 365 · Westbrook, ME 04092
 Phone: (207) 510-6060 · Fax: (207) 510-6063
 www.cafeinc.org

EMPLOYMENT APPLICATION

Please Print Clearly Using Blue or Black Ink

PERSONAL INFORMATION

Name (Last, First, Middle)		Today's Date
Address		
City	State	ZIP
Home Phone	Cell Phone	E-mail Address

Are you legally authorized to work in the United States? **YES** **NO**

POSITION SOUGHT

In which program area(s) would you like to work?:
 Adult Community Support (DSP) **Children's Program (BHP)** **Residential (DSP)** **Other**

Applying For: <input type="checkbox"/> Full Time (35+ hours per week) <input type="checkbox"/> Part Time <input type="checkbox"/> Undecided	Date you are available to start work:
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Days and Times Available for Work: <table style="width: 100%;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sunday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Monday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tuesday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wednesday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thursday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Friday</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Saturday</td> <td>_____</td> </tr> </tbody> </table>		YES	NO	FROM	TO		<input type="checkbox"/>	<input type="checkbox"/>	Sunday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Monday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Tuesday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Wednesday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Thursday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Friday	_____		<input type="checkbox"/>	<input type="checkbox"/>	Saturday	_____	How did you learn about CAFE? <input type="checkbox"/> Job Advertisement <i>Publication:</i> _____ <input type="checkbox"/> Employee Referral <i>Employee Name:</i> _____ <input type="checkbox"/> Other: _____ Were you previously employed by CAFE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____
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SKILLS & QUALIFICATIONS

Do you currently possess any of the following certifications? <table style="width: 100%;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> DSP (Direct Support Professional)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> BHP (Behavioral Health Professional)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> CRMA (Certified Residential Medication Aide)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> CPR</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> First Aid</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Crisis Training: Mandt, NAPPI, CPI, Safety Care, etc.</td> </tr> </tbody> </table>		YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DSP (Direct Support Professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BHP (Behavioral Health Professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CRMA (Certified Residential Medication Aide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crisis Training: Mandt, NAPPI, CPI, Safety Care, etc.	List any other skills, experience, licenses, certifications, trainings, awards, etc. you feel are relevant to the position for which you are applying: _____ _____ _____ _____ _____
	YES	NO																				
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EDUCATION

Have you graduated from High School or received a High School equivalency diploma? YES NO

(Note: if hired, you will be required to provide CAFE with proof that you meet the educational requirements for your position.)

Name of High School	Address (City, State)	Diploma or GED	
Name of College/University/Tech School	Address (City, State)	Major	Degree
Name of Post-Graduate Institution	Address (City, State)	Major	Degree
Name of Business, Trade or Other School	Address (City, State)	Major	Degree

PROFESSIONAL REFERENCES (Exclude relatives and former employers)

1) Name:	Title:	Company:
Address:	Phone:	Years Known:
2) Name:	Title:	Company:
Address:	Phone:	Years Known:
3) Name:	Title:	Company:
Address:	Phone:	Years Known:

EMPLOYMENT HISTORY (Starting with most recent position)

Job Title	Start Date	End Date	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Employer Address		Employer Phone
Duties Performed		Name of Immediate Supervisor	Reason for Leaving
Job Title	Start Date	End Date	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Employer Address		Employer Phone
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Job Title	Start Date	End Date	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Employer Address		Employer Phone
Duties Performed		Name of Immediate Supervisor	Reason for Leaving

EMPLOYMENT HISTORY (continued)

Job Title	Start Date	End Date	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Employer Address		Employer Phone
Duties Performed		Name of Immediate Supervisor	Reason for Leaving

Do you have the full physical, mental, and emotional ability to perform all the functions of the job for which you are applying, either with or without reasonable accommodation?

YES NO

DRIVING RECORD

NOTE: Complete this section ONLY if applying for a position that requires driving

Have you been a licensed driver for at least one full year? YES NO

Driver's License Number:

State:

Expiration Date:

Within the past 5 years, have you had any vehicle accidents for which you were at fault?

YES NO

If yes, give date(s): _____

Have you ever been convicted of reckless driving, driving to endanger, or operating under the influence?

YES NO

If yes, give date(s): _____

Has your driver's license ever been revoked or suspended? YES NO

If yes, explain: _____

Is your driver's license restricted?

YES NO

If yes, explain: _____

List any other state(s) in which you have had a driver's license (use additional paper if necessary):

1) State: _____ Year(s) License Held: _____ License Number: _____

2) State: _____ Year(s) License Held: _____ License Number: _____

CRIMINAL BACKGROUND

Do you have a record of the following:

<input type="checkbox"/> YES <input type="checkbox"/> NO	1) Any criminal conviction that involved abuse, neglect or exploitation?
<input type="checkbox"/> YES <input type="checkbox"/> NO	2) Any criminal conviction in connection to intentional or knowing conduct that caused, threatened, solicited or created the substantial risk of bodily injury to another person?
<input type="checkbox"/> YES <input type="checkbox"/> NO	3) Any criminal conviction resulting from a sexual act, contact, touching or solicitation in connection to any victim?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4) Any other criminal conviction, classified as Class A, B or C or the equivalent of any of these, or any reckless conduct that caused, threatened, solicited or created the substantial risk of bodily injury to another person within the preceding two (2) years?
<input type="checkbox"/> YES <input type="checkbox"/> NO	5) Any criminal conviction within Title 29-A, chapter 23, subchapter 2, article 1?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6) A habitual offender status under 29-A, M.R.S. §2551-A?

NOTICES AND CONSENT

EQUAL OPPORTUNITY: CAFE is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, sexual orientation, or disability. Individuals who need assistance completing this application can contact the Human Resource Manager to arrange suitable accommodations.

EMPLOYMENT ELIGIBILITY: To comply with the Federal Immigration Reform and Control Act, CAFE requires all new hires to show proof of eligibility to work in the United States. Failure to produce the required documents will cause CAFE to withdraw its job offer and terminate an individual's employment.

BACKGROUND AND REFERENCE CHECKS: CAFE requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize criminal background, driving record, Adult Protective, and Child Protective record checks. Conviction of a crime does not automatically disqualify you from employment. However, false or incomplete responses may result in disqualification. If employed, failure to report any vehicle accidents, moving violations, arrests, or convictions may result in termination of employment. This authorization acknowledges that CAFE may now, or at any time while I am employed, procure a report on my background. My signature on this form authorizes CAFE to obtain information from any law enforcement agency, court and/or other records source. My signature further authorizes CAFE to investigate any matter deemed relevant to my suitability to work directly with people receiving services through CAFE. I authorize CAFE to verify my past employment and my education. I also consent to CAFE contacting the people I have listed as references on this application. I authorize persons, schools, current and former employers, and other organizations and agencies to provide CAFE with all information that may be requested. To the extent allowed by law, I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release. Further, I do hereby agree to forever release and discharge CAFE and its associates from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

AT-WILL: I understand that nothing in this application creates an employment contract or relationship. I also understand that if hired by CAFE, my employment can be terminated at any time, by myself or CAFE, for any grounds not prohibited by law.

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsification, misrepresentation or significant omissions will be grounds for denying or terminating employment with CAFE.

I have read and understand the above NOTICES & CONSENT.

Applicant's Signature

Printed Name

Date

This application will remain active for 6 months. For consideration beyond 6 months, you must reapply.

ADDITIONAL QUESTIONS

INSTRUCTIONS: Please choose three of the questions below to answer. You may use the back side of this sheet if you need more space for your answers.

- 1) How do you think people with disabilities should be treated?

- 2) What does "community integration" mean to you?

- 3) How would you communicate with somebody who cannot use verbal language to speak?

- 4) What would you do if you witnessed or suspected the abuse or neglect of a client?

- 5) If a client in your care became angry or upset, how would you respond?

- 6) If a client offered to buy you lunch, how would you respond?

- 7) If asked to take a client out into the community for the day, what are some activities you might suggest to them?

AUTHORIZATION FOR BACKGROUND CHECKS

I understand that (a) in evaluating my application for employment, and (b) thereafter, as a condition of employment, CHOICES ARE FOR EVERYONE, INC., in its sole discretion, may from time to time procure or have prepared consumer reports about me, including but not limited to, my driving record from the Registry of Motor Vehicles and any other information on me maintained or generated by the Maine Department of Health and Human Services, the Sex Offender Registry, local, state and federal Court Records, and the State Bureau of Investigation. I consent to and hereby authorize the Employer to obtain consumer reports.

In the event that I am offered a paid position prior to the completion of the aforementioned reports, I realize that continued employment is contingent upon favorable results of such reports. Should unfavorable information be developed, I realize my position is subject to termination.

I authorize all persons, schools, companies, corporations, law enforcement agencies and other government agencies to release information concerning me to CHOICES ARE FOR EVERYONE, INC. and to anyone acting on behalf, without restriction or qualification. This authorization includes, but is not limited to, matters of opinion relating to character, ability, reputation and past performance. I release anyone who provides such information from any and all liability as a result of compliance with this request. According to the Fair Credit Reporting Act, I have been advised of my right to know if employment was denied based on information obtained by my prospective employer from a consumer reporting agency, and to receive a copy of the report and/or public record information relied upon in such a denial.

Please print clearly:

FULL LEGAL NAME: _____

PREVIOUS LEGAL NAMES & ALIASES: _____

CURRENT ADDRESS: _____

Starting with the most recent first, list all addresses at which you have lived during the previous 10 years. Use the back of this form if more space is required.

Street _____ City/Town _____

State _____ ZIP _____ From _____ To _____

Street _____ City/Town _____

State _____ ZIP _____ From _____ To _____

Street _____ City/Town _____

State _____ ZIP _____ From _____ To _____

Applicant Signature

Date

