

# Green Valley Association

P.O. Box 127, Island Falls, ME 04747 ph (207) 463-2156 fax (207) 463-2151

Administrative Offices located at 69 David Street, Island Falls, ME www.gva-me.org



## Application for Employment

Date Completed: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Number & Street City State Zip Code*

Position Applying For: \_\_\_\_\_ Salary Required: \_\_\_\_\_

Are you legally eligible to work in the United States? Yes  No

Are you eighteen years of age or older? Yes  No

Do you have a high diploma or equivalent? Yes  No

Have you ever applied for employment with GVA? Yes  No

Have you ever been employed by GVA? Yes  No

Are you willing to work overtime? Yes  No

Are you currently employed? Yes  No

Do you have any friends or relatives employed at GVA? Yes  No

Are you a guardian or correspondent of anyone served by GVA? Yes  No

### Availability (Please check all that apply)

Full-Time  Part-Time  Relief/Call-in  Temporary

Days  Nights  Holidays  Weekends

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## Certification, Training & Experience (Please check all that apply)

First Aid  CPR  CNA  CRMA  (certified residential medication aide)

PAC  DSP  (Direct Support Professional) Bloodborne Pathogens

Behavior Management  BHP  (Behavioral Health Professional)

MHRT I  MHRT II  Water Safety  Signing  Computer

Other Certifications: \_\_\_\_\_

## Education

### High School or GED

Name/Location of School	Years Completed	Graduate? Y/N	Diploma/Degree

### Business or Technical School

Name/Location of School	Years Completed	Graduate? Y/N	Diploma/Degree

### College or University

Name/Location of School	Years Completed	Graduate? Y/N	Diploma/Degree

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## Employment & Experience

List all past employment in chronological order beginning with your current or most recent employer. Please furnish an explanation for each period of unemployment of one month or more. Use an additional sheet if necessary:

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/yy) (mm/yy)

Name & Title of Supervisor: \_\_\_\_\_

May we contact this employer in regards to your employment and job performance? YES  NO

Description of Job and Responsibilities: \_\_\_\_\_

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

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/yy) (mm/yy)

Name & Title of Supervisor: \_\_\_\_\_

May we contact this employer in regards to your employment and job performance? YES  NO

Description of Job and Responsibilities: \_\_\_\_\_

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

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3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/yy) (mm/yy)

Name & Title of Supervisor: \_\_\_\_\_

May we contact this employer in regards to your employment and job performance? YES  NO

Description of Job and Responsibilities: \_\_\_\_\_

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

4. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/yy) (mm/yy)

Name & Title of Supervisor: \_\_\_\_\_

May we contact this employer in regards to your employment and job performance? YES  NO

Description of Job and Responsibilities: \_\_\_\_\_

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

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## References

List **two** professional references and **one** personal reference we may contact:

Name	Title	Company/Relationship	Phone Number

## Referral Source

Please indicate the source of referral:

- Employment Agency     
  Self     
  Website  
 Employee (Name) \_\_\_\_\_  
 Newspaper Advertisement (Name) \_\_\_\_\_  
 Other (Please Explain) \_\_\_\_\_

## Additional Information

Use this space to provide any additional information which might help determine your qualifications for the position you are applying for:

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## GVA Employment Eligibility Checks

Have you ever been convicted of any crime in Maine or in any other State? YES  NO

If yes, please give an explanation as to the crime, including when and where it was committed:

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Do you presently hold a valid State of Maine driver's license? YES  NO

If yes, how long have you held a valid State of Maine driver's license? \_\_\_\_\_

Do you presently hold a valid driver's license from any other State? YES  NO

If yes, from what State? \_\_\_\_\_

Have you ever been convicted of any of the following serious motor vehicle violations or offenses?

Operating under the influence of drugs and/or alcohol YES  NO  If yes, when? \_\_\_\_\_

Hit and run YES  NO  If yes, when? \_\_\_\_\_

Failure to report an accident YES  NO  If yes, when? \_\_\_\_\_

Negligent homicide YES  NO  If yes, when? \_\_\_\_\_

Driving while license suspended or revoked YES  NO  If yes, when? \_\_\_\_\_

Using motor vehicle for commission of a felony YES  NO  If yes, when? \_\_\_\_\_

Permitting and unlicensed person to drive YES  NO  If yes, when? \_\_\_\_\_

Illegal passing of a school bus YES  NO  If yes, when? \_\_\_\_\_

Aggravated assault with a motor vehicle YES  NO  If yes, when? \_\_\_\_\_

Reckless driving, careless driving, or driving to endanger YES  NO  If yes, when? \_\_\_\_\_

Speeding more than 30 miles over posted speed limit YES  NO  If yes, when? \_\_\_\_\_

Please list any other motor vehicle violations (any violations not listed as a serious violation in the question above) and motor vehicle accidents, whether at fault or not, within the last three years. If none, then write NONE.

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## **GVA Employment Eligibility Checks, Continued**

Have you ever been investigated by DHHS or any other agency for abuse, neglect, or exploitation of a child or an adult with mental retardation or autism? YES  NO

If you answered yes to the above question, was a finding of substantiation (that you were found to have committed abuse, neglect, or exploitation) made against you? YES  NO

If yes, please provide as many details as possible about the occurrence (write on back if necessary).

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## **Partial Conditions of Employment**

It is my understanding that Green Valley Association (herein referred to as GVA) may make a thorough review of my experience and education and may verify all application and/or oral interview materials. I authorize such a review and the giving and receiving of any information requested by GVA. I release from liability any person giving or receiving such information. Falsification, misrepresentation, or omission of facts so given, or other derogatory information discovered as a result of this review may prevent me from being hired by GVA, or if already hired by GVA, may subject me to immediate termination from employment by GVA.

Although GVA makes every effort to accommodate employee's preferences, the needs of persons supported by GVA may, at times, make the following conditions mandatory: overtime, shift work, working on holidays, a rotating schedule, and/or work schedule other than for which I may be hired. I understand and accept these conditions of my future or continuing employment with GVA. I further understand that if I become employed, I am employed for an indefinite period of time and GVA may change wages, benefits, and conditions of employment at any time.

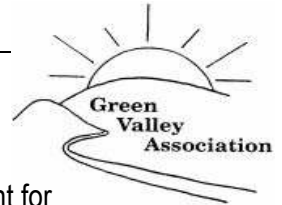
In consideration for my being considered for employment or actual employment with GVA, I agree to follow the policies, rules, practices, and regulations of GVA, and acknowledge that these policies, rules, practices, and regulations may be changed, interpreted, withdrawn, or added to by GVA, at any time, at its discretion, and without any prior notice to me. I further acknowledge that my employment may be ended, and any offer of employment, if such is made, may be withdrawn, with or without notice or cause, at any time, for any reason at the option of me or GVA.

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I understand that representatives of GVA do not have the authority to enter into any agreement for employment for any specified period of time. Further, no representative of GVA may guarantee other personnel moves either prior to the commencement of employment or after I have become employed. Assurances of any benefits or terms and conditions of employment, or any agreement contrary to the foregoing, may not be entered into.

GVA reserves the right due to policies, procedures, regulations, and state and federal laws to complete criminal record, child protective, motor vehicle, and other eligibility for employment checks on all applications and employees. I understand that if I am hired for a position or later apply for a position that requires me to use my personal vehicle as part of the position, I am willing to do so.

I understand that the position I am applying for may involve implementing crisis prevention and intervention techniques that may include lifting, pulling, and guiding a person with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities for the position for which I am applying with or without reasonable accommodation.

I understand that prior to an offer of employment, I will be required to submit to a pre-employment drug test in accordance with GVA's pre-employment drug testing policy. I also understand that I may be required to pass a physical examination prior to employment.

I have read and understand these partial conditions of employment and have had the opportunity to ask questions in regards to them.

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Applicant's signature

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Date

*Green Valley Association is an Equal Opportunity Employer. All qualified applicants receive consideration for employment without regard to race, color, religion, sex, national origin, age, or physical or mental disability.*

Revised November 2013