

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

Extended Shifts (i.e. live-in for several days at a time)

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

First Aid CPR CNA CRMA (certified residential medication aide)

Mandt 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:

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).

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.

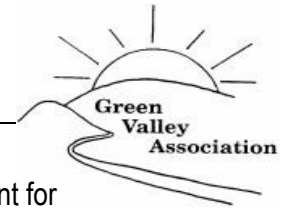
Although GVA makes every effort to accommodate employee's preferences, the needs of persons supported by GVA may, at times, make the following conditions mandatory: overtime, shift work, working on holidays, a rotating schedule, and/or work schedule other than for which I may have been hired. I understand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

Applicant's signature

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 January 2007