

# Alternative Services-NE, Inc.

## Job Application

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We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, or handicap, in the hiring, training, scheduling, transfer, promotion, payment or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

If you are a person with a disability, you must request any needed reasonable accommodation to participate in the application process or interview process. This request must be made in writing one hundred eighty-two (182) days after the need is known. If you are offered employment, it will be subject to the conditional job offer, and you will be required to perform, with or without reasonable accommodations, certain physical procedures in the course of your prospective job duties.

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Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Are you 18 years old or older? Yes No

Do you currently have a valid Maine driver's license? Yes No

ME Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How did you become aware of ASI-NE? \_\_\_\_\_

Have you ever been employed by this organization before? Yes No

If yes, give dates employed, and indicate if employed under a different name:

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

### ***Work Availability***

Please indicate the days and times you **will not** be available for work or check: **N/A**

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

*(Please note - ASI-NE cannot guarantee any specific working hours)*

**Alternative Services-NE, Inc.**

I am applying for a position in the following program (please select one):

Mental Health      Developmental Disabilities      Office      Other \_\_\_\_\_

Have you received a job description for the position applied for?      Yes      No

Can you physically and mentally perform the duties as described in the job description with or without accommodation?      Yes      No

We are licensed to provide adult care for 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours may be expected for continued employment.

Are you able to meet this requirement?      Yes      No

Have you ever been convicted of a crime?      Yes      No

*If yes, please explain:*

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Are there any felony or misdemeanor charges pending against you?      Yes      No

*If yes, please explain:*

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Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect?      Yes      No

*If yes, when, where and nature of the case:*

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Have you ever been involved in a Rights Investigation:      Yes      No

*If yes, when, where and nature of the case:*

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***Education***

High School Graduate (*Diploma or GED*)      Yes      No

High School attended: \_\_\_\_\_

City/State: \_\_\_\_\_

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**Alternative Services-NE, Inc.**

***Additional Education/Certifications***

School Name/Address	Years Attended:	_____
_____	Graduate:	_____
_____	Course of Study:	_____
_____	Degree/Certificate:	_____

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School Name/Address	Years Attended:	_____
_____	Graduate:	_____
_____	Course of Study:	_____
_____	Degree/Certificate:	_____

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School Name/Address	Years Attended:	_____
_____	Graduate:	_____
_____	Course of Study:	_____
_____	Degree/Certificate:	_____

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***Professional References***

1. Name/Address

_____	Telephone:	_____
_____	Years known:	_____
_____	Supervisor	Coworker Other _____

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2. Name/Address

_____	Telephone:	_____
_____	Years known:	_____
_____	Supervisor	Coworker Other _____

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3. Name/Address

_____	Telephone:	_____
_____	Years known:	_____
_____	Supervisor	Coworker Other _____

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**Alternative Services-NE, Inc.**

***Work Experience (List most recent employer first)***

Employer/Address

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

Telephone: \_\_\_\_\_

From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving:

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

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Employer/Address

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

Telephone: \_\_\_\_\_

From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving:

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

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Employer/Address

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

Telephone: \_\_\_\_\_

From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving:

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

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**Please indicate if you have the following training certifications:**

*(Please provide ASI with a copy of cards/certifications)*

<b>Training</b>	<b>Date of Completion</b>	<b>Date of Expiration</b>
1 <sup>st</sup> Aid	_____	_____
CPR	_____	_____
CRMA	_____	_____
Mandt/PRAB	_____	_____
MHSS/RCS	_____	_____

**Alternative Services-NE, Inc.**

MHRT-I \_\_\_\_\_

DSP \_\_\_\_\_

MHRT-C \_\_\_\_\_

**Please provide name of other training specialties not listed above:**

Training	Date of Completion	Date of Expiration
_____	_____	_____
_____	_____	_____

***Consent:***

I hereby give you my permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release Alternative Services, Inc., and the above-referenced organizations, reference persons, and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I also understand that because of the nature of my job and licensing requirements, I am subject to background clearance, therefore, I hereby consent to the release of this application or portions of this application to representatives of Department of Health and Human Service, Office of Advocacy, Community Mental Health agencies, or other state and governmental agencies.

I further specifically waiver written notice and agree to the divulging of any disciplinary reports, letters of reprimand, or other disciplinary action by all prior employers, and herby release my prior employers from all claims, liability, and damage that may result from furnishing the information to you.

I hereby affirm that my answers on this application are complete and true, and I understand that false, misleading, or incomplete responses on this application will result in the immediate termination of a conditional job offer or continued employment with Alternative Services, Inc.

**Statement of Truth**

I attest that all information I have provided in this application for employment is true and factual to the best of my knowledge. Any omissions, false or misleading statements may be grounds for my disqualification as an applicant or my dismissal should I have been hired before such actions have become known.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Alternative Services-NE, Inc.**

This application will be kept current for six months. If you are not hired, you will need to complete another application to be reconsidered after that date.

**Employment Agreement:**

In consideration of my employment, I agree to conform to the rules and regulations of Alternative Services – Northeast, Inc., and my employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Alternative Services – Northeast, Inc., or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. This application for employment and the information I have provided in no way constitute a contract and may not be regarded as such. I further agree that no one, other than the Executive Director, has any authority to make any changes to this employment agreement unless in writing and signed by both the Executive Director and me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Agent's/Supervisor's Signature

\_\_\_\_\_  
Date