



400 Riverside St. Unit A-4 Portland, ME 04103
(207) 747-1651 or Fax/TTY: (207) 747-4745

APPLICATION FOR
EMPLOYMENT

Name: _____ Date: _____

Mailing Address: _____

Email address: _____ Phone #: () _____

Days/hours available to work: _____

When are you available to start? _____

How did you hear about Affinity? _____

If referred, by whom? _____ Relationship: _____

Have you ever been convicted of a crime? Yes No If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation (criminal offense will not necessarily bar employment).: _____

Has there ever been a claim/complaint made against you and documented by the Maine Department of Health and Human Services, Bureau of Child and Family Services? Yes No If yes, please explain: _____

Have you ever been disciplined, terminated, or asked to resign from prior employment. Yes No If yes, please explain: _____



How do you think your **attributes, skills,** and/or **educational experience** will help you to be successful in the position you are applying for at Affinity?

APPLICATION FORM WAIVER

For the consideration of my job application by AFFINITY (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice of reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that any false, misleading or omitted statement is grounds for termination at any time without any previous notice. I hereby give the Company permission to contact school, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability (including claims for defamation, emotional distress, invasion of privacy, or interference with contractual relations) as a result of such contact. I also release the company to share information obtained from my reference checks with prospective families.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

Printed name: _____

Affinity is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability, or any other protected class. We assure you that your opportunity for employment with this Company depends solely on your qualifications.



Driving Record Authorization Form

All Behavioral Health Professional and Direct Support Professional positions require a valid driver’s license and meet the qualifications of a safe driver for insurance purposes.

Driving Eligibility Guidelines

- Over 18 years of age
- No more than 2 moving violations in the past three years
- No more than 1 accident over the past three years
- No OUI, driving to endanger etc. for the past three years

If any of these driving infractions appear on a driving history, the driver may be rejected.

Driver’s License Number: _____ State of Issue: _____

Date of Birth: _____

Within the last 3 years, have you had any traffic violations or accidents?

Yes No If “yes” please, explain below in remarks section.

Have you ever had your driver’s license suspended or revoked?

Yes No If yes, please explain below in Remarks section

Have you ever been convicted of:

- a. Driving under the influence of drugs or alcohol? Yes No
- b. Leaving the scene of an accident? Yes No
- c. Reckless driving? Yes No

(If yes, please explain below in the Remarks section.)

Remarks:

I, the undersigned, authorize AFFINITY to run a check on my driving record with the understanding that a condition of employment is a “clean” driving record and a valid driver’s license. I further agree that failure to maintain the same, if hired, may result in my reassignment, or termination, from my position. Therefore, I hereby authorize the annual check of my driving record for verification purposes. I certify that the above statements are true and accurate, and that any false, misleading, or omitted statement is grounds for termination from employment.

Applicant/Employee
(signature)

Applicant/Employee
(please print)

Date

