

Bangor Humane Society

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AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy), age, national origin, mental or physical disability, sexual orientation, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicant's Name (Last) (First) (Middle)		Date of Application	
Applicant's Address (Street)		Applicant's Email Address	
Applicant's Address (City, State, Zip)			
Telephone ()	Business telephone where you can currently be reached ()	May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) Applied For (List Job Titles)		Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> College/Career Placement Office <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee <input type="checkbox"/> Other _____			
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Desired Salary Range or Hourly Rate of Pay?	Date Available for Work
Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give date(s)			
Is this application a request for reemployment following an extended military leave of absence from this company?			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any friends or relatives employed by the company: What is the relationship?			
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide all detail*			
*Conviction of a crime will not automatically disqualify you from employment. You are not obligated to disclose juvenile records that have been expunged.			
Are you licensed to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what state? _____ License # _____			
Is your license currently under suspension for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)			
Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate Final Salary / Hrly Rate
1	Supervisor	Reason for Leaving	
	Work Performed		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?		

Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
2	Supervisor	Reason for Leaving		
	Work Performed			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			
Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
3	Supervisor	Reason for Leaving		
	Work Performed			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			
Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
4	Supervisor	Reason for Leaving		
	Work Performed			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS

Dates	Reason

REFERENCES (List professional references only. Do not list friends or relatives)

Name and Title	Address / Phone Number

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other (Specify)				

Are you known to schools by another name? Yes No If Yes, what name(s) are you known by?

PRE-EMPLOYMENT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on the application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, religion, color, sex (including pregnancy), age national origin, mental or physical disability, sexual orientation, genetic information, or any other protected status under applicable federal, state , or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Do Not sign until you have read the above applicant statement. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

_____ Date

_____ Applicant's Signature