

CP BLUE HILL LEASECO LLC

63 Parker Ridge Lane, Unit 290
Blue Hill, ME 04614
207-374-5789

APPLICATION for EMPLOYMENT



THIS APPLICATION WILL BE PROCESSED ONLY IF COMPLETED IN FULL.

If you need assistance in filling out this application or for any phase of the employment process, please notify the Executive Director or Department Head for your specific needs.

If you need additional space for your responses, use reverse side of enclosed employment history continuation sheet.

PERSONAL

Position applying for: _____

Date: _____

Last Name		First	Middle
Mailing Address City, State, Zip			Email Address
Home Phone () Cell Phone ()		Work Phone () May we call you at work: Yes ___ No ___	When will you be available to begin work?
(Please Check All Appropriate Boxes)			
Availability for Work: ___ Full-Time ___ Part-Time ___ Hours ___ Per Diem			
Shifts Available: ___ Days ___ Evenings ___ Nights ___ Weekends			

Are you legally eligible for employment in the United States? ___ Yes ___ No (Proof of your right to work in the U.S. will be required upon employment.) **Are you at least 18 years of age?** ___ Yes ___ No

Have you ever been or are you now the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions?
___ Yes ___ No If yes, please explain with dates and details:

Have you ever been dismissed from employment, forced to resign or resigned to avoid being dismissed ___ Yes ___ No
If yes, please explain with dates and details.

EDUCATIONAL

School	Name & Location of School	Course of Study	No. Years Completed	Did you Graduate	Degree/ Diploma
Graduate Program				___ Yes ___ No	
College				___ Yes ___ No	
Business/Trade/ Technical/Other				___ Yes ___ No	
High School or Equivalent				___ Yes ___ No	

EMPLOYMENT

Please list all of your previous employment beginning with your present or most recent position, to include military, self-employment, summer and part-time jobs. If you have a resume, please attach as well as completing the employment history below. **Please complete in full regardless of whether you attached a resume.**

1	Employer	Type of Business	Telephone ()
	Address		Employed (Month/Year) From To
	Name of Supervisor		
	Job Title and Description of Duties		Hours per Week:
	Reason for Leaving		May we contact? ___Yes ___No

2	Employer	Type of Business	Telephone ()
	Address		Employed (Month/Year) From To
	Name of Supervisor		
	Job Title and Description of Duties		Hours per Week:
	Reason for Leaving		May we contact? ___Yes ___No

3	Employer	Type of Business	Telephone ()
	Address		Employed (Month/Year) From To
	Name of Supervisor		
	Job Title and Description of Duties		Hours per Week:
	Reason for Leaving		May we contact? ___Yes ___No

4	Employer	Type of Business	Telephone ()
	Address		Employed (Month/Year) From To
	Name of Supervisor		
	Job Title and Description of Duties		Hours per Week:
	Reason for Leaving		May we contact? ___Yes ___No

5	Employer	Type of Business	Telephone ()
	Address		Employed (Month/Year) From To
	Name of Supervisor		
	Job Title and Description of Duties		Hours per Week:
	Reason for Leaving		May we contact? ___Yes ___No

**List licenses, certifications and registrations or
indicate eligibility to be licensed, certified or registered**

Type	State Issuing	Expiration Date	License #

Do you have any complaints or annotations pending against your professional license or certificate with a professional board of licensing/certification? ___Yes ___No If yes, please explain with dates and details.

Have you ever had a license or registry suspended or revoked? ___Yes ___No If yes, please explain with dates & details.

Have you been employed or received a degree, license, certificate of registration under a different name? ___Yes ___No If yes, what name?

Additional Information Which May Help Us Process Your Application

List any workshops, courses (including Military) which you feel are directly related to the position for which you are to be considered.

List any special training or skills:

Do you have any relatives living or working here? ___Yes ___No

Name of relative(s) _____

List three references familiar with your recent work who are not relatives or supervisors already listed in the employment section. Students, please include academic/clinical references.

NAME	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

- It is our policy to provide equal employment opportunities to all applicants and employees without regard to race, color, sex, physical or mental disability, religion, age, ancestry or national origin, sexual orientation or other legally protected status.
- No question in this application is intended to secure information to be used for illegal, discriminatory purposes.
- Any job offer is conditioned upon: (1) receipt of acceptable recommendations for reference:
(2) proof of U.S. citizenship or appropriate visa or work permit

RELEASE STATEMENT

Only Applicants Who Read the Following Statement and Sign Below Will Be Considered for Employment

1. I certify that answers and statements made by me in this application are true, complete, and accurate to the best of my knowledge and belief. I understand that any false statements, misrepresentation or omissions made by me orally or on this application, or any other accompanying or required documents in connection with my application, may be grounds for denial of employment or dismissal after employment, regardless of when and how discovered.
2. I authorize an investigation, through whatever means deemed appropriate, of all statements contained in this application and all facts resulting from the investigation. I release from all liability all sources supplying such information. The Employer is authorized to use any information obtained from its investigations to determine my suitability for employment. I release the Employer from any liability in connection with such investigation.
3. If employed, I agree to abide by the Employer's policies, procedures, rules and regulations, which may be changed from time to time.
4. I understand that there is an introductory/probationary period for all employees.
5. I understand that acceptance of this application does not obligate the Employer in any way.
6. I authorize any current (unless otherwise noted), and former employers, and any other person to answer any questions that relate to me, my prior work record or experience.
7. I agree to provide documentation for professional licenses/certifications and evidence for I-9 (Employment Eligibility Verification) completion (The Immigration Reform and Control Act of 1986 requires all applicants hired to provide proof of identity and eligibility to work in the United States within three business days of starting work.)
8. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date Signed