

**Androscoggin Head Start & Child Care  
Coburn-269 Bates Street  
Lewiston, Maine 04240  
(207) 795-4040**

DATE OF APPLICATION: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

\* \* \* \* \* **P L E A S E P R I N T C L E A R L Y** \* \* \* \* \*

NAME: \_\_\_\_\_ TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

First Middle Initial Last  
Street Apt. No.  
City State Zip Code

Area Code  
**Number where you can be reached during working hours:**  
( \_\_\_\_\_ )

E-Mail Address: \_\_\_\_\_

Present/Last Employer:		Dates Employed: From:	Work Performed:
Address:			
Telephone Number(s):		To:	
Job Title:	Supervisor:		
Reason For Leaving:			

Employer:		Dates Employed: From:	Work Performed:
Address:			
Telephone Number(s):		To:	
Job Title:	Supervisor:		
Reason For Leaving:			

Employer:		Dates Employed: From:	Work Performed:
Address:			
Telephone Number(s):		To:	
Job Title:	Supervisor:		
Reason For Leaving:			

Employer:		Dates Employed: From:	Work Performed:
Address:			
Telephone Number(s):		To:	
Job Title:	Supervisor:		
Reason For Leaving:			

May we contact your present employer before making an offer of employment? YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES:** Below list four people who know you well. If possible, list two former employers or supervisors.

NAME	ADDRESS	RELATIONSHIP (example: friend, former employer, etc.)	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EDUCATION:**

School Name and Location	High School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities												
State any additional information you feel may be helpful to us in considering your application.												

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**OFFICE SKILLS:**

TYPE: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_ SWITCHBOARD: Yes \_\_\_\_\_ No \_\_\_\_\_  
 STENO: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_ COMPUTER: Yes \_\_\_\_\_ No \_\_\_\_\_

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Do you own a car? \_\_\_\_\_ Auto Insurance Co. \_\_\_\_\_  
 Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Policy Number \_\_\_\_\_  
 License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Type of License \_\_\_\_\_ Special Licenses (include name of license, registration or certification, State where issued, ending date):  
 State where issued \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? If yes, what can be done to accommodate your limitation?  
\_\_\_\_\_  
\_\_\_\_\_

Why should we hire you for this position? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual molestation? Yes \_\_\_\_\_ No \_\_\_\_\_

(accusation will not necessary disqualify applicant from employment.)

Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

(conviction will not necessarily disqualify applicant from employment)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has any criminal action relating to children ever been taken against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(proof of citizenship or immigration status may be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_

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**I understand that falsification of information in the application or interview will be viewed as grounds for refusal or termination of employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**NON-DISCRIMINATION NOTICE**

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. £200d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. £794) and the Age Discrimination Act of 1975, as amended (42 U.S.C. £6101 et seq.), **Androscoggin Head Start and Child Care** does not discriminate on the basis of race, color, national origin, handicap or age in admission or access to or treatment or employment in its programs or activities. Mrs. Estelle Rubinstein, Executive Director, has been designated to coordinate efforts to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84 and 91) implementing these federal laws.

**“We are proud to be a Smoke-Free Agency.”**