



Green Valley Association

P.O. Box 127
Island Falls, Maine 04747

Telephone: (207) 463-2156
FAX: (207) 463-2151

Website: www.gva-me.org

email: gva@ainop.com

Application for Employment

Personal Information

Date Application Completed: _____

Name: _____
 Last First MI

Telephone: _____

Address: _____
 Number & Street City State Zip Code

Position You Are Applying For: _____ Salary Required: _____

- | | | |
|--|-----------|----------|
| Are you legally eligible to work in the United States? | _____ Yes | _____ No |
| Are you eighteen years of age or older? | _____ Yes | _____ No |
| Do you have a high diploma or equivalent? | _____ Yes | _____ No |
| Have you ever applied for employment with GVA? | _____ Yes | _____ No |
| Have you ever been employed by GVA? | _____ Yes | _____ No |
| Are you willing to work overtime? | _____ Yes | _____ No |
| Are you currently employed? | _____ Yes | _____ No |
| Do you have any friends or relatives employed at GVA? | _____ Yes | _____ No |
| Are you a guardian or correspondent of anyone served by GVA? | _____ Yes | _____ No |

Availability

Please check all that apply:

_____ Full-Time _____ Part-Time _____ Relief/Call-in _____ Temporary

_____ Days _____ Nights _____ Holidays _____ Weekends

_____ Extended Shifts (i.e. live-in for several days at a time)

Certification, Training & Experience

Please check all that apply:

____ First Aid ____ CPR ____ CNA ____ CRMA(certified residential medication aide)

____ Water Safety ____ Signing ____ Computer ____ Behavior Management

____ Bloodborne Pathogens ____ Mandt ____ DSP (Direct Support Professional)

____ BHP (Behavioral Health Professional) ____ MHRT I ____ MHRT II

Other Certifications:

Education

Name & Location of School	Years Completed	Did You Graduate?	Diploma/Degree
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College or University _____

Business or Technical School _____

High School or GED _____

Employment & Experience

List all past employment in chronological order beginning with your current or most recent employer. Please furnish an explanation for each period of unemployment of one month or more. Use an additional sheet if necessary:

1. Company Name: _____ Telephone: _____

Address: _____

Start Date: _____ Leave Date: _____ Reason for Leaving: _____
(mm/yy) (mm/yy)

Name & Title of Supervisor: _____

May we contact this Employer in regards to your employment and job performance? ____ YES ____ NO

Description of Job and Responsibilities: _____

2. Company Name: _____ Telephone: _____

Address: _____

Start Date: _____ Leave Date: _____ Reason for Leaving: _____
(mm/yy) (mm/yy)

Name & Title of Supervisor: _____

May we contact this Employer in regards to your employment and job performance? _____ YES _____ NO

Description of job and responsibilities:

3. Company Name: _____ Telephone: _____

Address: _____

Start Date: _____ Leave Date: _____ Reason for Leaving: _____
(mm/yy) (mm/yy)

Name & Title of Supervisor: _____

May we contact this Employer in regards to your employment and job performance? _____ YES _____ NO

Description of Job and Responsibilities: _____

4. Company Name: _____ Telephone: _____

Address: _____

Start Date: _____ Leave Date: _____ Reason for Leaving: _____
(mm/yy) (mm/yy)

Name & Title of Supervisor: _____

May we contact this Employer in regards to your employment and job performance? _____ YES _____ NO

Description of Job and Responsibilities: _____

GVA Employment Eligibility Checks:

Have you ever been convicted of any crime in Maine or in any other State? Yes No

If you answered yes to the above question, please give an explanation as to the crime, including when and where it was committed: _____

Do you presently hold a valid State of Maine driver's license? Yes No

If yes, how long have you held a valid State of Maine driver's license? _____

Do you presently hold a valid driver's license from any other State? Yes No

If yes, from what State? _____

Have you ever been convicted of any of the following serious motor vehicle violations or offenses?

Operating under the influence of drugs and/or alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Hit and run	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Failure to report an accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Negligent homicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Driving while license suspended or revoked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Using motor vehicle for commission of a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Permitting and unlicensed person to drive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Illegal passing of a school bus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Aggravated assault with a motor vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Reckless driving, careless driving, or driving to endanger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
Speeding more than 30 miles over posted speed limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____

Please list any other motor vehicle violations (any violations not listed as a serious violation in the question above) and motor vehicle accidents, whether at fault or not, within the last three years. If none, then write NONE.

Have you ever been investigated by DHHS or any other agency for abuse, neglect, or exploitation of a child or an adult with mental retardation or autism? Yes No

If you answered yes to the above question, was a finding of substantiation (that you were found to have committed abuse, neglect, or exploitation) made against you? Yes No

If yes, please provide as many details as possible about the occurrence (write on back if necessary).

Partial Conditions of Employment:

It is my understanding that Green Valley Association (herein referred to as GVA) may make a thorough review of my experience and education and may verify all application and/or oral interview materials. I authorize such a review and the giving and receiving of any information requested by GVA. I release from liability any person giving or receiving such information. Falsification, misrepresentation, or omission of facts so given, or other derogatory information discovered as a result of this review may prevent me from being hired by GVA, or if already hired by GVA, may subject me to immediate termination from employment by GVA.

Although GVA makes every effort to accommodate employee’s preferences, the needs of persons supported by GVA may, at times, make the following conditions mandatory: overtime, shift work, working on holidays, a rotating schedule, and/or work schedule other than for which I may have been hired. I understand and accept these conditions of my future or continuing employment with GVA. I further understand that if I am employed, I am employed for an indefinite period of time and GVA may change wages, benefits, and conditions of employment at any time.

In consideration for my being considered for employment or actual employment with GVA, I agree to follow the policies, rules, practices, and regulations of GVA, and acknowledge that these policies, rules, practices, and regulations may be changed, interpreted, withdrawn, or added to by GVA, at any time, at its discretion, and without any prior notice to me. I further acknowledge that my employment may be ended, and any offer of employment, if such is made, may be withdrawn, with or without notice or cause, at any time, for any reason at the option of me or GVA.

I understand that representatives of GVA do not have the authority to enter into any agreement for employment for any specified period of time. Further, no representative of GVA may guarantee other personnel moves either prior to the commencement of employment or after I have become employed. Assurances of any benefits or terms and conditions of employment, or any agreement contrary to the foregoing, may not be entered into.

GVA reserves the right due to policies, procedures, regulations, and state and federal laws to complete criminal record, child protective, motor vehicle, and other eligibility for employment checks on all applications and employees. I understand that if I am hired for a position or later apply for a position that requires me to use my personal vehicle as part of the position, I am willing to do so.

I understand that the position I am applying for may involve implementing crisis prevention and intervention techniques that may include lifting, pulling, and guiding a person with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities for the position for which I am applying with or without reasonable accommodation.

I understand that upon an offer of employment, I may be required to pass a physical examination prior to employment.

I have read and understand these partial conditions of employment and have had the opportunity to ask questions in regards to them.

Applicant’s signature

Date

Green Valley Association is an Equal Opportunity Employer. All qualified applicants receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veterans of the Vietnam Era or against veterans with disabilities.