



**Washington Hancock Community Agency**  
WHCA is an Equal Opportunity Employer

**Application for Employment**

**Mailing Address: Washington Hancock Community Agency – Personnel  
P.O. Box 280, Milbridge, ME 04658-0280**

**Telephone: (207) 546-7544**

**TDD: (207) 546-3216**

The Washington Hancock Community Agency does not discriminate on the basis of sex, race, color, religion, age, national origin or ancestry, Vietnam Veteran status, political affiliation or belief, sexual orientation or physical or mental disability, access to services or employment in its program or activities.

**Position applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Message number:** \_\_\_\_\_

**Are you eligible for employment in the United States?     YES     NO**  
(Proof of citizenship or immigration status will be required upon employment)

**Have you ever been employed with WHCA before?     YES     NO**

**If yes, approximately when and what position?** \_\_\_\_\_

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

Do you currently hold a valid Maine driver's license?     YES     NO

Do you currently have a reliable insured vehicle which you could use to perform the position responsibilities, if necessary?     YES     NO

Have you had any traffic violations, accidents, or OUIs within the past three years?     YES     NO

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

Do you have any pending charges or any prior convictions?     YES     NO  
(A conviction will not necessarily bar you from employment)

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

**EDUCATION**

High School Diploma or equivalent?     YES     NO

Describe post high school education/training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other education/training you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any experience and/or specific skills you have which are relevant to the position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Start with most recent)**

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_ YES \_\_\_ NO

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_ YES \_\_\_ NO

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_ YES \_\_\_ NO

**REFERENCES**

List three people who can tell us about your employment and your character.

|    | <b>Name</b> | <b>Address</b> | <b>Telephone</b> |
|----|-------------|----------------|------------------|
| 1. | _____       | _____<br>_____ | _____            |
| 2. | _____       | _____<br>_____ | _____            |
| 3. | _____       | _____<br>_____ | _____            |

**DISCLOSURE**

I certify that the information contained in this application is correct to the best of my knowledge.

In the event I am employed, I understand that any false or misleading information I have provided in my application or interview(s) may result in immediate termination. I understand that, if hired, I am required to abide by all of the employer's policies, rules and regulations.

I further grant WHCA permission to check any and all information provided through appropriate sources including reference, the Department of Health and Human Services, and the State Bureau of Identification.

I acknowledge that WHCA reserves the right to amend or modify the Personnel Policies at anytime, without notice. I understand these policies do not create any promise or contractual obligation between WHCA and its employees. I realize that, if hired, I am free to terminate my employment at anytime, for any reason, with or without cause, and the employer retains the same rights.

I realize that neither this document nor any offer of employment from WHCA constitutes an employment contract unless a specific written document to that effect is extended by the employer.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date