



337 Maine Avenue, Farmingdale, ME 04344
 T: (207)582-3110 F: (207) 582-3112 Website: www.skcdc.org E-mail: hr@skcdc.org

Application for Employment

In compliance with Federal and State Equal Employment Opportunity/Affirmative Action Laws and the American with Disabilities Act, applicants are considered for positions without regard to race, color, religion, sex, national origin, age, handicap, disability, sexual orientation, marital or veteran status, political affiliation or any legally protected group.

Name: (Print) _____ SSN: _____
 First Middle Initial Last

Address: _____
 Street City State Zip

Home Phone _____ Cell# _____ Work Phone (Optional) _____

Email Address _____

Position(s) applied for: _____

Please Note: If you are applying for a position that requires special licensure (Teacher, Education Technician, etc.) or specific education or training to meet the minimum requirements for a position, you must attach a photocopy of the licensing document, certificate of completion, or post-secondary transcript that verifies that you meet the necessary minimum requirements for the job.

Availability for work: Full Time Part Time Either - Days & Hours Available to Work _____

Are you 18 years of age or older? Yes No

Are you a US Citizen? Yes No

Are you able to perform the essential functions of this position with or without reasonable accommodation? Yes No

Please indicate any reasonable accommodations required: _____

Please list other names, including maiden name, you have been known by _____

Education

High School

Name of School _____ Address _____

Type of Diploma Awarded– High School/GED/HiSTEP _____ Major _____

Working toward a Degree

Name of School _____ Address _____

Degree Working Toward _____ Major _____ Minor _____

#Credits Completed _____ #Credits to Be Completed _____ Estimated Graduation Date _____

Post Secondary

Name of School _____ Address _____

Degree Awarded _____ Major _____ Minor _____

Post Secondary

Name of School _____ Address _____

Degree Awarded _____ Major _____ Minor _____

Employment Experience

Please complete all Sections and List each position held, starting with the most recent position

1. Name of Employer _____ Address _____

Name of Supervisor _____

List E-mail Address of Supervisor _____

Phone or Cell # _____

Position Title _____

Dates Employed: From: _____ To: _____

Work Responsibilities _____

Reason for Leaving _____

May we contact your employer? Yes No

2. Name of Employer _____ Address _____

Name of Supervisor _____

List E-mail Address of Supervisor _____

Phone or Cell # _____

Position Title _____

Dates Employed: From: _____ To: _____

Work Responsibilities _____

Reason for Leaving _____

May we contact your employer? Yes No

3. Name of Employer _____ Address _____

Name of Supervisor _____

List E-mail Address of Supervisor _____

Phone or Cell # _____

Position Title _____

Dates Employed: From: _____ To: _____

Work Responsibilities _____

Reason for Leaving _____

May we contact your employer? Yes No

Special Training or Qualifications

Describe any specialized training and skills including computer skills and computer software you are proficient in using; state where training or skill was received or other experience or education that you wish considered in reviewing your application for this position:

Please list computer software you are proficient in using and skills: _____

Language(s) spoken fluently: _____

Language(s) read fluently: _____

Current Infant/Child CPR & First Aid Certified? No Yes - Name of Organization _____

You may attach additional information, resume, transcripts, certifications, etc. to the application for complete information.

Professional References

(Someone who can give us information about your ability to perform this position for which you are applying, do not include family members and/or personal friends)

1. Name _____

Address _____

E-mail Address _____

Phone or Cell # _____

2. Name _____

Address _____

E-mail Address _____

Phone or Cell # _____

3. Name _____

Address _____

E-mail Address _____

Phone or Cell # _____

Applicant Information Survey

Complete for Early Care & Education Positions Only – Please list the child care center (s) you are willing and able to work (see Agency website for listing of centers):

How Did You Hear About This Position?

Check to indicate where you heard or saw the position advertised

- SKCDC Website
- Online – Name of site? _____
- Kennebec Journal
- Morning Sentinel
- Career Center
- SKCDC Center – Name of Center _____
- Other – Please Explain _____

Please Check the Choices Listed Below That Most Accurately Describe You as an Applicant

External Candidate Other – Explain _____

Are you a previous employee? No Yes, Dates employed _____

Position(s) held: _____

Current Early Head Start or Head Start Parent Yes No

If you are a parent of a child currently in an SKCDC program, name of the center _____

Former Early Head Start or Head Start Parent Yes No

Are you a relative of a current employee – Name? _____ Relationship _____

Thank you for your interest in a career with Southern Kennebec Child Development Corporation. We value our employees and involve our employees in the planning processes of the Agency. All employees of SKCDC are considered team members and are expected to fully participate and contribute toward planning and achieving the Agency's goals and objectives.

Maine is an employee-at-will state. SKCDC does not utilize employment contracts or agreements in hiring employees. All employees of SKCDC are employees-at-will; and SKCDC or the employee may terminate the relationship with or without cause, and with or without notice, at any time. There will be no expressed or implied employment contract or agreement other than employee-at-will status. SKCDC is an Equal Opportunity/Affirmative Action employer. SKCDC will not refuse to hire, train, promote, or otherwise discriminate against any applicant or employee on the basis of race, religion, color, sex, national origin, age, disability, family medical history, or genetic information as defined in the Genetic Information Nondiscrimination Act of 2008 (GINA), sexual orientation, parental status, marital status, political affiliation, military service, or any legally protected group, status as a workers' compensation claimant, except where a bona fide occupational qualification exists, and shall comply with Section 504, Title IX, and the American Disabilities Act (ADA) in employment, education and all other areas of the Agency.

Agreement

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize, consent and grant the privilege to SKCDC and its agents to review and examine any public or private records pertaining to my education, work history, criminal records and other personal information that may be required or directly related to employment with SKCDC. I certify that the information given by me in this application is true and complete in all respects, and I agree that if the information given is found to be false in any way, or requested information is omitted, it shall be considered sufficient cause for denial of employment or discharge. I authorize current and/or past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability of damages of having furnished such information. I authorize SKCDC to duplicate this agreement for the use of authorizing the release of my personal information from current and/or past employers, schools, public and private records, persons or entities that may provide relevant information regarding my application, background and employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between SKCDC and myself for either employment or for the providing of any benefit. I understand that if I am hired by SKCDC that an employment relationship between the Agency and myself will be an employee at will relationship and that either party in the relationship may terminate the relationship with or without cause and with or without notice, at any time. There will be no expressed or implied employment contract or agreement other than employee at will status. I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship and that failure to provide such proof at the time of request may legally force my termination. I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

My Signature Certifies That I Have Read, Understand and Agree With the Above Statements

Applicant Signature

Date

EEO – 1 Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires SKCDC to determine this information by visual survey and/or other available information.

Name: _____

Job Title: _____

Date Completed: _____

Gender: (Please check one of the options below)

Female

Male

Race/Ethnicity: (Please check one of the descriptions below corresponding to the ethnic group with which you identify)

| | |
|--|--|
| | Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| | White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa |
| | Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa |
| | Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. |
| | Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| | Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. |
| | Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races. |
| | I do not wish to disclose. |

Southern Kennebec Child Development Corporation

RE: Agency Assigned E-mail for New Staff

All employees are assigned an Agency e-mail. Please write what name you wish to use as your first name. Your first name will be followed by a period, then followed by your last name and then followed by the skcdc.org.

1. Agency Assigned e-mail:

_____ . _____@skcdc.org

Write the first name you would like to use _____ Last Name
(Example: If your first name is Elizabeth
but you prefer to be called Liz, then use Liz)

2. We also need your personal e-mail so that your new SKCDC e-mail address will be e-mailed to you along with instructions on how to access your new SKCDC e-mail.

Your Personal e-mail: _____@_____

Date of Birth: _____

Date: _____ Copy: Information Systems Manager

Regular Substitute

Position: _____ Assigned Center: _____

Classroom: _____ Supervisor: _____

Southern Kennebec Child Development Corporation

Authorization for Background and Driving Record Check

I, _____, grant Southern Kennebec Child Development Corporation permission to obtain a report of any criminal convictions on my record, fingerprinting and my driving record. I understand that my failure to authorize this record check may disqualify me from being considered for hire with Southern Kennebec Child Development Corporation.

Print Full Legal Name: _____

Address: _____

City: _____

State: _____ Zip _____

Date of Birth: _____

Social Security # _____

Print other names you have been known by including maiden name: _____

State Where You were Born (country if not born in the United States) _____

Other States you have lived in the past five (5) years _____

Height _____ feet _____ inches Weight _____ lbs.

Hair Color _____ Eye Color _____ Race _____

Maine Driver's License # or current driver's license #: _____
(Notify HR if you do not possess a Maine Driver's License)

Signature: _____ Date: _____