PLEASE PRINT or TYPE:
Each section of the form must be completed even with an attached resume. The application form must be fully completed in order to be considered for employment.

Employment Application for: Shepherd's Care, LLC. 75 Bishop St, Ste 17 Portland, ME 04103	**We are an Equal Opportunity Employer committed to excellence through diversity.**

APPLICANT PERSONAL INFORMATION:

Name:	**Home Phone Number:**	**Mobile Number:**	**Email Address:**

Address:	**City:**	**State:**	**Zip:**

Are You a U.S Citizen or Permanent Resident? Circle: **YES** or **NO** If **NO**, Provide Permanent Resident number: _____	**Do you have a Work Permit?** Circle: YES or NO If **YES**, Provide Work Permit number:_____ Have You Ever Been Convicted of a Felony? Circle: **YES** or **NO** If **YES**, Please explain:_____

If Selected for Employment are you willing to Submit to a Pre-Employment Drug Screening Test? Circle: **YES** or **NO**

If **NO, Please explain:**_____

_____

PLEASE PRINT or TYPE:
Each section of the form must be completed even with an attached resume. The application form must be fully completed in order to be considered for employment.

POSITION(S):

Position You are Applying for:	Available Start Date:	Desired Pay:

Employment Desired (Circle One):

Full Time Part Time Seasonal/ Temporary

EDUCATION:

School Name:	Location:	Years Attended:	Degree Received:	Major:

EMPLOYMENT HISTORY:

Employer (1)	Job Title:	Dates Employed:
Work Phone:	**Starting Pay Rate:**	**Ending Pay Rate:**

Address:	City:	State:	Zip:

PLEASE PRINT or TYPE:
Each section of the form must be completed even with an attached resume. The application form must be fully completed in order to be considered for employment.

Employer (2)	Job Title:	Dates Employed:
Work Phone:	**Starting Pay Rate:**	**Ending Pay Rate:**

Address:	City:	State:	Zip:

Employer (3)	Job Title:	Dates Employed:
Work Phone:	**Starting Pay Rate:**	**Ending Pay Rate:**

Address:	City:	State:	Zip:

Employer (4)	Job Title:	Dates Employed:
Work Phone:	**Starting Pay Rate:**	**Ending Pay Rate:**

Address:	City:	State:	Zip:

PLEASE PRINT or TYPE:
Each section of the form must be completed even with an attached resume. The application form must be fully completed in order to be considered for employment.

REFERENCES:

Name:	Title:	Company:	Phone:

Signature Disclaimer:

I certify that my answers are true and complete to the best of my knowledge.If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print):

Date:

Signature:

PLEASE PRINT or TYPE:
Each section of the form must be completed even with an attached resume. The application form must be fully completed in order to be considered for employment.

Criminal Background Check Authorization:

As a prospective employee of Shepherd's Care, LLC. I understand that it is Shepherd's Care, LLC policy to secure criminal conviction information as part of the pre and post-employment screening process, and by reading and signing below I am giving consent for such an investigation to be conducted.

Please provide the following information:

Name:_____

Address:_____

Have you ever been known by or use any other name? **-----Yes** **------ No**

If yes, please list:_____

Birthdate_____/_____/_____ **Sex: -------Female -------Male Race:**_____

Social Security:_____ _____ _____

Driver's License Number:_____**State**_____

Acknowledgment and Authorization:

I have read the Notice Regarding The Background Check Authorization (as stated above) and a Summary of my rights under the Fair Credit Reporting Act, and certify that I have read and understand both mentioned documents.

I hereby authorize Shepherd's Care to obtain "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and if hired, throughout my employment. By acknowledging Shepherd's Care right to obtain such reports, I hereby authorize, without reservation: any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information services bureau, employer, or insurance company to furnish any and all background information requested by Shepherd's Care or outside organization acting on the behalf of Shepherd's Care, as part of the pre-and post-employment screening process.

I agree that a facsimile (fax) of photocopy of this authorization will be as valid as the original.

Applicant's Signature:_____**Date:**_____/_____/_____

Shepherd's Care agrees that when we receive the requested information, the applicant or employee will be provided with a duplicate copy upon written request. Information relative to age, sex, race, and marital status will in no way effect the conditions of employment for any indiviual. If the applicant is hired, this information will not be shared without the applicant's presence or written consent, unless it immediately concerns their employment.

Human Resources Signature:_____**Date:**____/_____/_____