NEW BEGINNINGS, INC. APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sexual orientation, national origin, age, gender identity or expression, marital or veteran status or the presence of a non-job related medical condition or handicap.

PLEASE PRINT Date of Application: Position(s) applied for: Friend Relative Referral Source: Advertisement Employment Agency ____ Address: Social Security: _____ Email address: Have you filed an application here before? (If yes, give date) _____ Have you (or an immediate family member) ever been a client of New Beginnings? (If yes, which programs and give dates) Have you ever been a New Beginnings employee? (If yes, give date) Do you have an immediate family member who is a current employee? (If yes, name and relationship of family member and department they work in) Are you employed now? _____ May we contact your employer? On what date would you be available for work? Can you travel if a job requires it? List any moving traffic violations, or any pending charges against you (including OUI) in the past 5 years (Certain positions require a driving record which is acceptable to our insurance company) Have you any criminal or civil convictions or any pending charges against you? (If yes, please explain)*

	ect against you, which has been substantiated by the Maine Department of		
If you are an immigrant, can you work legally in the Unit	ed States?		
*New Beginnings is required by State/Federal regulations to do Bureau of Investigation background & fingerprint checks. If these checks show criminal convictions and you have answered NO in the above application, this could be a basis for dismissal.			
EMPLOYMENT EXPERIENCE			
Start with your present or last job. Include military service names which indicate race, color, religion, sex or national	e assignments and volunteer activities. Exclude organizations l origin.		
Employer:	Address:		
Telephone:	Supervisor:		
Job Title:	Work Performed:		
Dates Employed: From:	То:		
Reason For Leaving:			
Employer:	Address:		
Telephone:	Supervisor:		
Job Title:	Work Performed:		
Dates Employed: From:	То:		
Reason For Leaving:			
Employer:	Address:		
Telephone:	Supervisor:		
Job Title:	Work Performed:		
Dates Employed: From:	То:		
Reason For Leaving:			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize social skills and qualifications acquired from employment or other experiences:					
What are your career goals? (Use additional sheets if necessary)					
What do you feel qualifies you for this pos	ition?				
What personal accomplishments would you hope to achieve through this position?					
EDUCATION					
School Name/Address					
Elementary School:					
High School:					
College:					
Graduate School:					
Years Completed (circle)	Years Completed (circle)				
Elementary 4 5 6 7 8 - High School 9 10 11 12 - College 1 2 3 4 - Graduate 1 2 3 4					
Diploma/Degree (date/degree):					
High School:	College:	Graduate:			
Describe course of study for:					
High School:					
College:					
Graduate:					
Honors Received:					

Describe specialized training, apprenticeships, skills and extra - curricular activities:		
List professiona sex or national of	al, trade, business or civic activities and offices held: (You norigin)	nay exclude those which indicate race, color, religion
List three (3) re	ferences, including your last two supervisors. Please do not in	clude any relatives.
1.	Name: Address: Telephone Number: Relationship:	
2.	Name: Address: Telephone Number: Relationship:	
3.	Name: Address: Telephone Number: Relationship:	
	APPLICANT'S STATEM	ENT
contact those pe	swers given herein are true and complete to the best of my knersons it deems appropriate to investigate or verify any information mployment or volunteer service, including my background, pa	nation provided by me in this application to discuss my
state criminal la	New Beginnings to obtain information pertaining to any charaw violations. I understand that this information will be gatheral government, to the extent permitted by state and federal la	ered from any law enforcement agency of this state or
	e my consent to any discussions regarding the foregoing and I nation, invasion of privacy, or similar causes of action, against	
I understand that will" under Mai	at this application is not intended to be a contract of employmenine State law.	ent and that New Beginnings employs its personnel "a
Signature of Ap	pplicant	Date