

WINGS FOR CHILDREN & FAMILIES, INC.
900 HAMMOND STREET, SUITE 915
BANGOR, ME 04401
(207) 941-2988; (800) 823-2988

It is the policy of Wings to provide equal employment opportunities to all applicants and employees without regard to race, color, sex, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, or other legally protected status.

Date of Application _____

Name _____

Present Address Last First Middle _____

Permanent Address Street City State Zip _____

Phone Number Street City State Zip _____

Are you over 18 years old? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you ever been convicted of a crime or pled guilty, NOLO, or no contest? Answering YES to this question will not necessarily disqualify an applicant from employment. Yes No

Is there a criminal action currently pending against you? Yes No Answering YES to this question will not necessarily disqualify an applicant from employment. If YES, please list approximate date, nature of offense, location and status.

EMPLOYMENT DESIRED

Position Applied for _____ Date you can start _____

Salary/Wage Desired _____

Are you employed now? Yes No If so, may we contact your present employer? Yes No

EDUCATION

	Name and Location of School	Circle Last Year Completed				Did you Graduate?		Diploma/ Degree
		1	2	3	4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High School								
College								
Graduate School								
Other Training/Education:								

WORK HISTORY**Please fill out completely, please do not write "refer to resume".**

Current/Most Recent Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/Wage _____ Ending Salary/Wage _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/Wage _____ Ending Salary/Wage _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/Wage _____ Ending Salary/Wage _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/Wage _____ Ending Salary/Wage _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

In addition to your work history, what other experiences, skills or qualifications do you have which you believe would benefit the agency?

REFERENCES List three work-related references.

Name	Address	Phone	Position	Years Acquainted
1.				
2.				
3.				

Applicant's Certification & Agreement

I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in immediate dismissal.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Wings or myself. I further agree and acknowledge that no Wings representative other than the Executive Director has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the Executive Director and me.

I authorize all schools, references, employers and any other person to provide my complete record, reason for leaving, and all other information they may have concerning me, including my personal character, habits, and employment records. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

Signature of Applicant _____ Date _____