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			
Last Present Address	First	Middle	
Street	City	State	Zip
Permanent Address Street	City	State	Zip
Phone Number	Are you over 18 years old?	Yes □	No 🗆
How did you learn of this opening?			
Have you worked here before? Yes	□ No □		
contact, touching or solicitation in connection to reckless conduct that caused, threatened, solicited preceding two years. Yes No DEMPLOYMENT DESIRED			
Position Applied for	Date you can start		
Salary/Wage Desired			
Are you employed now? Yes □ No	If so, may we contact your pro	esent employer?	Yes 🗆 No 🗆
EDUCATION			
Name and Location of School	Circle Last Year Completed	Did you Graduate?	Diploma/ Degree
High School	1 2 3 4	Yes 🗆 No 🗆	
College	1 2 3 4	Yes 🗆 No 🗆	
Graduate School	1 2 3 4	Yes 🗆 No 🗆	
Other Training/Education:			

WORK HISTORY Please fill out completely, please do not write "refer to resume". Telephone (____) Address Date Started Date Left Name & Title of Supervisor Reason for Leaving Ending Position Starting Position Description of Duties Previous Employer Telephone () Address Date Started Date Left Name & Title of Supervisor Reason for Leaving Starting Position Ending Position Description of Duties Previous Employer Telephone () Address Date Started Date Left Name & Title of Supervisor Reason for Leaving Starting Position Ending Position Description of Duties

Previous Employer					
Address			Telephone ()		
Date Started D	ate Left				
Name & Title of Supervisor					
Reason for Leaving					
Starting Position	tarting Position Ending Position				
Description of Duties					
	t other experiences, skills or qualized three work-related refe	·	hich you believe woul	d benefit the	
REFERENCES L	ist tiffee work-related refe	erences.			
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 time by Wings or myself. I for Executive Director has the aut	urther agree and acknowle	edge that no Wing	s representative o	other than the	

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