

- Have you ever applied for work at this company before? Yes No . If yes, where and when? _____
- How were you referred to us? _____

EDUCATIONAL BACKGROUND

Degree	School Name & Address	Course/Major	Graduated (YES/NO)
Post Graduate			
College			
High School			
Trade School			
Other			

EMPLOYMENT

If you have never been employed, please write in names of non-relatives who may be contacted for references. If you are attaching a resume, please complete the sections not covered in your resume.

Are you currently employed? YES NO

Current or last employer

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
	Rate of Pay: _____	Reason for leaving: _____

Previous Employment

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
	Rate of Pay: _____	Reason for leaving: _____

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
	Rate of Pay: _____	Reason for leaving: _____

<u>Dates</u> to _____	<u>Company Name and Address</u> _____	<u>Supervisor's Name & Title</u> _____
Position and Duties: _____	Phone#: _____	e-mail address: _____
	Rate of Pay: _____	Reason for leaving: _____

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May we contact all the employers listed above? YES NO

If not, which ones should we not contact and why? _____.

Personal References (Please list at least three):

Name	Address or e-mail address	Phone #	Relationship

Please list all trainings and current certifications relevant to position applied for:

Certificate	Date completed	Expiration (or N/A)	Trainer or Agency
Direct Support Professional	In progress <input type="checkbox"/> OR Completed on ___/___/___	N/A	
MHRT I			
MHRT Provisional			
First Aid			
CPR			
CRMA (24 Hour)			
CRMA (40 Hour)			

Other relevant certificates:

Please use the space below to summarize any additional information necessary to describe your full qualifications.

Applicant's Certifications and Agreement and Authorization for Background Checks

Please read carefully

The distribution or receiving of this application by Peregrine Corporation does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

This application will be considered valid for no longer than one year. Reapplication is necessary after one year.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I hereby authorize you to make any investigation of any personal/employment history record including the use of investigative agencies or bureaus of your choice. This report may include information as to my character, general reputation, and personal characteristics.

I hereby authorize Peregrine Corporation to complete a criminal, Department of Human Services, and Motor Vehicle Background Check as part of its consideration of my application for employment. I further authorize appropriate authorities and the State of Maine Department of Human Services Child Protective Services to release any pertinent information to Peregrine Corporation about myself.

I authorize previous employers, schools which I attended, and character references to provide information pertaining to my contact with them. I further authorize Peregrine Corporation to get my employment records.

I understand that should any information relating to incidents in my past which may affect my relationship with the clients in the program, the staff, or the operation of the program be uncovered, such information may be considered sufficient reason to reject my application for employment or immediate termination. I understand that, if employed, falsified statements or material omissions on my application or resume shall be considered sufficient cause for dismissal.

I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States prior to being employed.

I hereby acknowledge that any employment relationship with Peregrine Corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the Executive Director of Peregrine Corporation.

Name of applicant: _____

Names which you have previously used: _____

Signature of applicant: _____ date: _____