



Motivational Services, Inc.
PO Box 229, Augusta, ME 04332-0229
(207) 626-3465
APPLICATION FOR EMPLOYMENT

NAME _____ EMAIL ADDRESS: _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE(s) / CELL _____ / _____ U.S. WORK AUTHORIZATION Y N

Position of Interest: _____

Do not leave blank

Referred by:

_____ Classified Advertisement
_____ Job Fair- Career Fair
_____ Motivational Services Employee Name: _____
_____ On-Line Posting
_____ Career Center- Government Referral

Are you a former MoCo employee? _____ Yes _____ No

If yes, please give date(s) of former employment: _____

Seeking:

(Check all that apply)

_____ full-time position, day__ evening__ overnight__ weekend__
_____ part-time position day__ evening__ overnight__ weekend__
_____ relief/per diem schedule day__ evening__ overnight__ weekend__

Motivational Services, Inc. is an Equal Opportunity Employer. The agency hires, trains, promotes and compensates individuals on the basis of personal competence and potential for advancement without regard to race, color, religion, sex, marital status, genetic information (regardless of how or when it was obtained), national origin, sexual orientation, age, disability or veteran status.

EDUCATION/TRAINING:

High School/G.E.D. _____ Years Completed _____ Degree _____

College/University _____ Years Completed _____ Degree _____

College/University _____ Years Completed _____ Degree _____

Education/Training, continued

Area of Professional Practice: _____ License # _____ Expiration: _____

Degree: _____ Year awarded: _____ University/College _____

FORMER/CURRENT CERTIFICATION: *(Check all that apply)*

_____ MHRT I - FULL (Mental Health Rehabilitation Technician)
_____ MHRT 1 PROVISIONAL Date Issued: _____
_____ MHRT/C (Mental Health Rehabilitation Technician/Community) Full ____ Provisional ____
_____ DSP (Direct Support Professional)
_____ MHSS (Mental Health Support Specialist)
_____ First Aid Expiration Date _____
_____ CPR (Cardio-Pulmonary Resuscitation) Expiration Date _____
_____ CRMA (Certified Residential Medication Aide) Expiration Date _____
_____ Mandt System® Expiration Date _____
_____ CNA Active/Inactive? _____
_____ Other *(please describe)* Expiration Date _____

EMPLOYMENT HISTORY: *(Please start with current or last employer first)*

Employer _____ Dates of Employment _____
Job Title _____ Primary duties _____

City _____ State _____ Zip Code _____

Employer _____ Dates of Employment _____
Job Title _____ Primary duties _____

City _____ State _____ Zip Code _____

Employer _____ Dates of Employment _____
Job Title _____ Primary duties _____

City _____ State _____ Zip Code _____

Reason for leaving most recent employer: _____

REFERENCES: Please provide 2 PROFESSIONAL references. At least two references must be from either a past supervisor, professional letter of recommendation, may be a recent performance evaluation, in the past 12 months; or endorsement from a teacher, professor, instructor who review submitted work, satisfactory completion of courses, etc. Relatives, friends, or co-workers are not a professional reference.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. On a scale of 1-5 how would you rate your computer proficiency? 1 2 3 4 5
 2. Do you have experience working with Microsoft Word, Excel & Outlook? Y___ N___
 3. Have you ever been suspended, placed on probation or discharged by any of your previous or current employers for possession, use or abuse of alcohol or drugs? Yes ___ No ___
 4. Have you ever had allegations made against you related to client abuse, neglect or fraud?
Yes___ No___
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PLEASE READ CAREFULLY BEFORE SIGNING:

"I understand that the facts contained in this application are true and complete and understand that, if employed, falsified statements on this application may be grounds for immediate dismissal.

I authorize and approve the verification by Motivational Services, Inc. of any and all statements herein and the references listed on either this application or on a resume submitted. This verification includes all information concerning my previous/current employment and/or education listed above and any pertinent information they may have. This also includes the results of a criminal background check, a child-protection background check and a motor vehicle driving record check which Motivational Services, Inc. may make during the application process or anytime during my employment period if hired.

I release all parties from all liability for any damage that may result from furnishing this information to you and understand that my application process and/or employment may be terminated at any point based on the results of these investigations. I further understand that this application is not intended to be a contract of employment nor does this application obligate Motivational Services, Inc. in any way if it decides to employ me. Motivational Services, Inc. is an at-will employer."

Signature of Applicant_____Date_____