

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_



*Inspired by scripture and the Church's social teaching,  
Catholic Charities empowers and strengthens  
individuals and families of all faiths by providing  
innovative community-based social services  
throughout Maine.*

Directions: Complete all sections of this **Application for Employment** and return it by mail, email, fax, or in person to the Human Resources Office at the address below prior to your interview.  
(Please send three written references if available)

Catholic Charities  
Human Resources Office  
P.O. Box 10660  
Portland, ME 04104-6060  
(207) 781-8550  
Fax: (207) 344-6617

Updated 02/2024



Catholic Charities Maine's commitment to equal opportunity, nondiscrimination, and affirmative action in employment is realized through its Affirmative Action Plan.

This plan and legal responsibilities to ensure equal employment opportunity require reports of job applicants by race/ethnic categories and gender. We ask that you consider providing us with information to assist us in meeting our Affirmative Action Plan. Please complete the attached questionnaire and return to [hrdepartment@ccmaine.org](mailto:hrdepartment@ccmaine.org). Thank you.

PLEASE NOTE: This information:

- Is voluntary.
- Is gathered for statistical purposes only.
- Is kept confidential and separate from application materials.
- Will not be used in any way to evaluate your qualifications for employment.

Questions? Please contact Human Resources at 207-781-8550.

Name (last, first, MI): \_\_\_\_\_

Job title applying for: \_\_\_\_\_

Gender:      M      F      I would rather not identify my race at this time

**WHAT IS YOUR RACE?**

**American Indian/Alaskan Native** defined as a person having origins in any of the original peoples of North America and South America (including central America), and who maintains tribal affiliation or community attachment.

**Asian** defined as a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

**Black/African American** defined as a person having origins in any of the black racial groups of Africa.

**Hispanic or Latino** defined as person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin

**Native Hawaiian or other Pacific Islander** defined as a person having origins in any of the origins peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** defined as a person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Two or More Races** defined as all persons who identify with more than one of the above five races.

**WHERE DID YOU LEARN ABOUT THIS VACANCY?**

\_\_\_\_\_ Job Service    \_\_\_\_\_ Newspaper    \_\_\_\_\_ Referral    \_\_\_\_\_ Website

By choosing to submit this form, I hereby guarantee the correctness of all the statements and information provided above.

## VEVRAA PRE-OFFER INVITATION TO APPLICANTS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) Disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans. These

classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation in the application and/or interview process should contact a representative of the Human Resources Office.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number:	Cell Phone:	Email:	

Are you over 18 years of age?  YES  NO

Have you been employed with us before?  YES  NO

If yes, give date \_\_\_\_\_

Are you currently employed?  YES  NO

On what date will you be available for work? \_\_\_\_\_

Are you willing to work:  Full Time  Part Time  Shift Work  Temporary

If a job requires you to drive a vehicle, do you possess a valid driver's license and are you 21 or older?  YES  NO

*We are an equal opportunity/affirmative action employer*

# Employment Experience

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Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	
Reason for Leaving		

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

May we contact your current employer?       YES     NO

# Education

	Name of School	Course of Study	Years Completed	Diploma Degree
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

(i.e. Business College, Special Courses-include Military Training, Post Graduate & Nursing)

Indicate Any Foreign Languages You Can Speak, Read And/Or Write			
	Fluent		
Speak			
Read			
Write			

## **Licensure** Professional Licenses And/Or Certifications

Are you currently?     Registered     Licensed     Certified

Are you eligible for any of the above? Please Specify

If Licensed	Type	State Issued	Expiration Date	No.
Registered	Type	State Issued	Expiration Date	No.
Or Certified	Type	State Issued	Expiration Date	No.

Have you ever had a professional or business license or certification revoked or suspended, or have you ever voluntarily surrendered a professional or business license or certificate?

YES  NO  *If yes, please explain in detail.*


# Additional Information

**Other Qualifications:** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


## References:

### References – Work Related

**We must have three references to process your applications. References should be professional such as former supervisors, coworkers, etc. but can be also be personal references (family members would not be approved for use as a reference).**

1.		
	Name	Phone #
	Email	
2.		
	Name	Phone #
	Email	
3.		
	Name	Phone #
	Email	
4.		
	Name	Phone #
	Email	
5.		
	Name	Phone #
	Email	



# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment.

I hereby understand and acknowledge that any employment relationship with this organization 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 that this "at will" employment relationship can only be changed via a written document expressly titled "Contract of Employment" and signed by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application, interview(s), or information withheld may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State any additional information you feel may be helpful to us in considering your application.


Catholic Charities Maine is an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, sex, physical or mental disability, religion, age, ancestry or national origin, sexual orientation or of any other classification protected by law.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.