



Day One improves the health of Maine by providing substance use, mental health and wellness services to youth and families

EMPLOYMENT APPLICATION

Today's Date: _____

Name: _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Position applied for: _____

Date available for employment: _____

I am applying for: _____ full time _____ part time _____ Per Diem _____

Number of hours per week I prefer to work: _____

Please indicate when you are willing and able to work:

	Yes	No
Weekdays	_____	_____
On Call	_____	_____
Evenings	_____	_____
Weekends (Sat/Sun)	_____	_____
Holidays	_____	_____

How did you learn about this position? ☐ Friend ☐ Internet ☐ Internship ☐ Employee

(Name: _____) ☐ Other: _____

Have you ever been employed by Day One?

Yes No

If yes: Position _____ Component _____ From _____ To _____

Have you ever applied for a position with Day One?

Yes No

Are you authorized to work in the United States?

Yes No

Are you younger than 18 years old?

Yes No

Do you have any commitments to another employer that might affect your employment with us?

Please explain: _____

Have you ever been convicted of any crime or pled guilty or no contest? **Yes** **No**
 If yes, please explain _____

Have you ever been investigated by DHHS? **Yes** **No**
 If yes, please explain: _____

Is there a criminal action currently pending against you? **Yes** **No**
 If yes, please explain and describe status: _____

(Note: "Yes" answers to the above questions will not necessarily disqualify you from employment, but will be reviewed as related to the relevancy of the job for which you have applied).

Do you have a valid driver's license? **Yes** **No**

Do you have a clean driver's record? **Yes** **No**
 If no, please explain _____

Education:	School: Name and Address	Course Of Study	Circle last year completed	Did you Graduate?	Diploma /Degree
High School / G.E.D.			1 2 3 4	Yes ____	
				No ____	
College			1 2 3 4	Yes ____	
				No ____	
College			1 2 3 4	Yes ____	
				No ____	
Technical, Business or Other Training			1 2 3 4	Yes ____	
				No ____	

Professional Licenses / Certifications

Type	State	Exp Date	Registration Number

Please list name, address, and phone number of previous employers with most recent employer first:	From	To	Immediate Supervisor and Title
Even if you have provided a resume.			
Job Title _____ Employer name, address and phone number _____ _____ Duties _____ _____ Reason for leaving _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
	From	To	Immediate Supervisor and Title
Job Title _____ Employer name, address and phone number _____ _____ Duties _____ _____ Reason for leaving _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
	From	To	Immediate Supervisor and Title
Job Title _____ Employer name, address and phone number _____ _____ Duties _____ _____ Reason for leaving _____ May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

If there are any employers we should not contact, please indicate reason(s): _____

Please explain any gaps in employment: _____

Please list two professional and one personal verifiable references (not relatives) who are acquainted with your work history and your qualifications for employment.

	Name	Title/Occupation	Company/Address	Phone Number	Years Known
1					
2					
3					

Please include any other information you think would be helpful to us in considering you for employment, such as other job-related skills, additional work or volunteer experience, publications, activities, accomplishments, etc. (Please exclude all information indicative of age, gender, marital status, sex, sexual orientation, race, religion, color, national origin, disability, against veterans of the Vietnam Era or veteran's disability status or other protected classification defined by applicable law and regulation)..

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information, misrepresentations by me or substantive omissions may disqualify me from further consideration for employment and/or may result in dismissal if discovered at a later date if I have been employed.

I understand that if hired, my employment is “employment at will” and can be terminated, with or without cause, at any time at the discretion of the employer or myself.

I hereby authorize Day One to conduct any relevant background search into my background, work history, driving records, as necessary or helpful to determine my qualifications for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. I hereby release them from liability in connection with their providing such information.

As an Equal Opportunity Employer, Day One does not discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on any basis prohibited by local, state or federal law. Day One is a drug-free workplace.

Applicant Signature _____ Date _____

Applicant Name (please print): _____



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:



ATTN: Becky Humphrey, HR
525 Main Street
South Portland, ME 04106

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- ☐ The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- ☐ This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- ☐ This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- ☐ This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- ☐ This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the
State of Maine.

DHHS, OCFS, Background Check Unit Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →
Updated 2020



Authorization For Motor Vehicle Records Check

NAME: _____

DRIVER'S LICENSE NUMBER: _____

Please attach:

- (1) a photocopy (front and back) of your driver's license.***
- (2) a copy of your Maine auto insurance ID card
as evidence that your current, personal automobile
insurance meets minimum coverage required by Maine***
- (3) a copy of your auto registration, and***
- (4) evidence of auto inspection***

Is all information on your license current? Yes / No

If no, please indicate changes: _____

I, _____, authorize Day One and/or its insurance carrier, to periodically obtain and review and annually update my motor vehicle records. Day One has sole discretion in determining who may drive agency-owned vehicles and/or who may drive personal vehicles for Day One business-related purposes. I understand that Day One requires my records in order to make such a determination.

SIGNED:

DATE:

FOR ADMINISTRATIVE USE

APPROVED BY:

DATE: _____

ANNUAL REVIEW

DATE: _____ INITIALS: _____

DATE: _____ INITIALS: _____

DATE: _____ INITIALS: _____

DATE: _____ INITIALS: _____

DATE: _____ INITIALS: _____

DATE: _____ INITIALS: _____

Applicant Authorization for Reference Check

References

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Day One

I hereby authorize Day One (the “Agency”) or any designated officer, employee, agent, or representative to confer with the above-named references. I understand that the Agency may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references is to be used solely for the purpose of determining my acceptability for employment with the Agency.

I release all of the above-named references from any claim for damages, including, but not limited to, claims for defamation, interference with contract, and negligence — which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

Applicant’s Signature

Date



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and **State of Issue:**

Notice to the Applicant / Employee

This organization has offered you a position contingent upon a clear background check. The organization requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or child care services, and state-maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to validate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any organization subject to 22 M.R.S. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S. Ch. 1691, the Maine Background Check Center act.

Authorization and Release by the Applicant / Employee Please Initial Each Line	
	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

Acknowledgements of the Applicant / Employee Please Initial Each Line	
	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that, prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S. Ch. 1691, as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
**Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record, is subject to civil and criminal penalties.	

Signature of Applicant or Employee

Date

Signature of Legal Guardian*

Date

*A legal guardian must sign this form if the applicant or employee is a minor.

****WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Voluntary Consent for Disclosure of Personal Description

Attention Applicants / Employees

This organization is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for engaging you in this position. Your organization must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your organization enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your organization will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO OFFENSE FOUND" report will be sent to the MBCC. The MBCC will inform your organization that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a **"false positive,"** meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your organization, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this position.

Mandatory Information

First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		
Other states of residence for past 10 years:		

Voluntary Information

Eye Color:	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multi-colored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown
Hair Color:	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde or Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown
Race:	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Height:	Feet Inches Weight: Pounds
Place of Birth (Country):	

Signature of Applicant

Date



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Background Check Report
Correcting Inaccurate Information
Applicants or Employees

You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

State Criminal Records: You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

Federal Criminal Records: You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

Public Registries: If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- ☐ **Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)**
E-mail Address: sanction@oig.hhs.gov
Telephone: (202) 691-2311
Mailing Address: HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026
Website: <https://exclusions.oig.hhs.gov/>

- ☐ **The Dru Sjodin National Sex Offender Public Website (NSOPW)**
To correct any errors in registration information, you must contact the state registration officials where the record is held.
Website: <http://www.nsopw.gov/>

State Registries: To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

☐ **Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

E-mail Address: maine_SOR.help@maine.gov

Telephone: (207) 624-7270

☐ **Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

E-mail Address: dlrs.cnaregistry@maine.gov

Telephone: (207) 624-7300

☐ **Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

Website: <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

Telephone: (207) 287-4660 **TTY:** Maine Relay 711

Mailing Address: 221 State Street, Augusta, ME 04330

☐ **Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

E-mail: DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>

Telephone: 888-572-5839 **TTY:** Maine Relay 711

Mailing Address: 11 State House Station, Augusta, ME 04333

☐ **Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

☐ **Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.