



# RESIDENT APPLICATION

Name: \_\_\_\_\_  
First Last Middle Initial

Address: \_\_\_\_\_  
Street City/State/Zip Code

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Due Date: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

**EDUCATION:** Please choose the highest education level completed.

High School: Number of Years Completed: 1 2 3 4 Diploma GED/HiSET

Name of School or Program: \_\_\_\_\_

College or Vocational School: Number of Years Completed: 1 2 3 4 5 6 7

Name of College/School: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List most recent first.

Organization #1: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization #2: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**REFERENCES:** Please provide 3 personal references that are **not** related to you.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years they have known you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years they have known you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years they have known you: \_\_\_\_\_



**BACKGROUND CHECK:** Life House Maine will conduct a background check prior to approving you to reside at our maternity home. Is there any information you would like to make us aware of before we conduct the background check? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE/AGREEMENT** (Initial beside each statement to indicate agreement)

\_\_\_\_ I hereby certify that the information provided by me in this application is true and complete. Life House Maine has my permission to confirm the information and contact references provided to learn more about my qualifications and character.

\_\_\_\_ I understand that if I am accepted as a resident, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_ I release Life House Maine and any persons or organizations providing references from any and all liability regarding information provided or relating to any decisions made based on the information gathered.

\_\_\_\_ Furthermore, if I become a resident at Life House Maine, I agree to adhere to all policies, rules, and procedures outlined in the Resident Handbook. I have read and agree to abide by Life House Maine’s Mission and Core Values.

**NOTE:** Before submitting this application, please read the Resident Handbook that outlines house rules and procedures. You will be asked to sign an acknowledgement that you have read and agree to abide by the House Rules and procedures in the Resident Handbook.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

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Office Use Only:

Date application received: \_\_\_\_\_ by \_\_\_\_\_

Interview scheduled: \_\_\_\_\_ by \_\_\_\_\_  
Date Time

