



Employment Application

Personal Information:

Name: _____ Home Phone: _____ Cell Phone: _____

Physical Address:

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address:

Street Address: _____ City: _____ State: _____ Zip: _____

Employment Desired (Please select one):

Homemaker Personal Support Specialist (PCA) Technician Administration

Date You Can Start: _____ Hourly Pay Rate Desired: _____

Are You Employed Now?: Yes No May We Speak to Your Present Employer?: Yes No

Are You Legally Authorized to Work in the U.S.?: Yes No

Have You Ever Applied to This Company Before?: Yes No When?: _____

Education History:

	Name & Location of School	Years Attended	Did You Graduate?
High School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Training & Certifications (check all that apply to you)

I am a registered PCA/PSS I am an active CNA I am an inactive CNA

I am a Home Health Aide Other: _____

I've had CPR training I've had First Aid training I've had Alzheimer's training

List other skills/training here: _____

Former Employers:

Name: _____ Address: _____
City: _____ State : _____ Zip: _____ Phone Number: _____
Dates-From: ____/____/____ To: ____/____/____ Position: _____
Reason For Leaving: _____

Name: _____ Address: _____
City: _____ State : _____ Zip: _____ Phone Number: _____
Dates-From: ____/____/____ To: ____/____/____ Position: _____
Reason For Leaving: _____

Name: _____ Address: _____
City: _____ State : _____ Zip: _____ Phone Number: _____
Dates-From: ____/____/____ To: ____/____/____ Position: _____
Reason For Leaving: _____

References:

Name: _____ Address: _____
Phone Number: _____ Type of Business: _____ Years Known: _____

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Phone Number: _____ Type of Business: _____ Years Known: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Authorization Date: _____ Authorization Signature: _____

Fax to (207) 892-1452 or mail to : Home Support Services, LLC, P.O. Box 1899, Windham, ME 04062

Home Support Services, LLC is an Equal Opportunity Employer