



## 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: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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