

APPLICATION FOR EMPLOYMENT

“Professional Homecare Specialists”

18 North Street, Presque Isle, Maine 04769

207-760-7148

“Professional Homecare Specialists In Home Care Agency” is an Equal Opportunity Employer (EEO) Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Mission Statement

It's the mission of “Professional Homecare Specialists”, to provide, within community settings, supervise, safe, and comfortable environments in which to care for, support, and empower our clients with disabilities to actualize their fullest potential.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT PLEASE THOROUGHLY COMPLETE THE APPLICATION.

Date: _____ DOB: _____

Social Sec # _____

Name: _____

Last

First

Middle

Present Address: _____

Street

Town

State

Zip

Home Phone: _____ Cell Phone: _____

Position(s) Applying For: _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES____ NO____

Days/Hours Available to Work

No Pref _____

Thurs _____

Mon _____

Fri _____

Tues _____

Sat _____

Wed _____

Sun _____

How many hours can you work weekly? _____

Can you work evenings/nights/weekends/holidays? YES____ NO____

Have you ever filed an application with us? YES____ NO____

If yes, give dates: _____

Have you ever been employed by us before? YES ___ NO ___

If yes, give dates: _____

Are you legally able to work within the United States? YES ___ NO ___

Do you meet the minimum age requirements to work in Maine? YES ___ NO ___

Other than Secretarial Positions, are you able:

- 1. To Sit YES ___ NO ___
- 2. To Walk YES ___ NO ___
- 3. To Stand YES ___ NO ___
- 4. To lift and carry 45 lbs. consistently YES ___ NO ___
- 5. To both push and pull objects YES ___ NO ___
- 6. To spend time indoors and outdoors YES ___ NO ___
- 7. To follow and implement oral directions YES ___ NO ___
- 8. To accurately record data and observations YES ___ NO ___
- 9. To follow and implement written instructions YES ___ NO ___
- 10. To safely operate a motor vehicle with no adaptations YES ___ NO ___

If the answer to 1-10 is no, please indicate what accommodation you may need in order to complete this job responsibility:

SKILLS

Please list any skills you have that are appropriate for the position you are applying for, include if you are already a PSS, PCA or CNA: _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed. (A copy of the actual report for the courts may be required) _____

HAVE YOU EVER BEEN INVESTIGATED FOR ABUSE & NEGLECT OF A CHILD OR AN ADULT IN WHICH THE CLAIM WAS SUBSTANTIATED? YES ___ NO ___

If yes, Please Explain: _____

DRIVING INFORMATION

- Do you have an active, valid Maine driver’s license not currently under suspension or revocation with which you may legally operate a vehicle? YES___ NO___
- Do you have transportation? YES___ NO___
- Do you have automobile insurance? YES___ NO___

License Number: _____ State of Issue: _____ Exp. Date _____

Have you ever been convicted of any of the violations listed below?

- 1. Operating under the influence (Alcohol or Drugs) YES___ NO___
- 2. Illegal passing of a school bus YES___ NO___
- 3. Hit and Run YES___ NO___
- 4. Failure to report an accident YES___ NO___
- 5. Negligent homicide using a vehicle YES___ NO___
- 6. Driving Under a Suspended or Revoked license YES___ NO___
- 7. Using a motor vehicle in the commission of a felony YES___ NO___
- 8. Permitting an unlicensed person to drive YES___ NO___
- 9. Reckless driving YES___ NO___
- 10. Speed Contest (Drag Racing) YES___ NO___
- 11. Speeding YES___ NO___
- 12. Any other moving violations YES___ NO___

If you answered yes to any of the above, please explain fully below: (Use a separate piece of paper if needed)

___/___/___ _____

Date Violation

Have you had any motor vehicle accidents in the past five (5) years? YES___ NO___

If yes please explain in full: _____

Have you at any time had your license to operate a motor vehicle restricted, suspended, or revoked? YES___ NO___

If yes please explain if full: _____

Education

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Name & Address of Schools Majors Graduated

College, University or Technical/Address Majors Graduated

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER

Name of Employer: _____

Employer Address: _____

Reason for Leaving: _____

Phone Number: _____

Supervisor Name: _____

Job Title: _____

Employment Dates: From _____ To: _____

Pay or Salary: Start _____ Final _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer. _____

2. Name of Employer: _____

Employer Address: _____

Reason for Leaving: _____

Phone Number: _____

Supervisor Name: _____

Job Title: _____

Employment Dates: From _____ To: _____

Pay or Salary: Start _____ Final _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer. _____

3. Name of Employer: _____

Employer Address: _____

Reason for Leaving: _____

Phone Number: _____

Supervisor Name: _____

Job Title: _____

Employment Dates: From _____ To: _____

Pay or Salary: Start _____ Final _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer. _____

If employed, may we contact your present employer?

YES _____ NO _____

Personal References (not related)

	Name	Phone	Known to you # of years	How do you know?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Did you complete this application yourself? YES____ NO_____

If not who assisted you? _____

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references 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 all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____