

Caring Hands Home Care
Application for Employment
93 Main Street Suite 1
Fairfield, ME 04937
(207) 742-0002



(Please Print/Type Clearly)

Personal

Name: _____ Social Security#: _____ Date: _____

Address: _____

Mailing (if different): _____

City: _____ County: _____ State: _____ Zip: _____ Phone: _____

Pager: _____ Business: _____ E-Mail: _____

How were you referred to us?: Ad ___ On own ___ Other ___ Employee Name: _____

Agency Name: _____

Any Relatives currently employed by Caring Hands? Yes ___ No ___ (If yes, please list) _____

Name of position(s) applying for: _____

Minimum salary requirements per hour: _____ Date available for work: _____

Do you have commitments to another employer that might affect your employment with us?
Yes _____ No _____

Skills: Please list any skills, experiences or qualifications which will be of special benefit in the job for which you are applying. _____

Have you ever been convicted of a criminal offense? Yes _____ No _____ Date: _____

List offense: _____

(An affirmative answer will not automatically disqualify you from being considered for employment). However, indicating 'no' when there is a criminal conviction, will result in disqualification of employment.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Education-List last grade completed

School	Address of School	Course of Study	Last year completed	List Diploma or Degree
Other (specify)				

Employment History:

List present employer or most recent employer first. May we contact these employers?

Yes ___ No ___

Employer: Address: Telephone:	Employed	Supervisor's Name
Your Salary: Start: End:	Duties:	Job Title:
Reason for leaving:		

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General Information

Are you legally authorized to work in the United States? Yes _____ No _____

Are you of the legal age to work? Yes _____ No _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes _____ No _____

If yes, please explain _____

Personal References-Please do not list relatives

Name and Occupation	Address	Telephone Number

Business References

In order to ensure the timely process of your application, please provide the name, address, and phone number of three supervisors. Caring Hands will be contacting these individuals to ask information about your work history so please ensure that all information provided is current and accurate. Please be aware that the inability to secure satisfactory business references may extremely slow down the hiring process.

I authorize release of information by previous and present employers, schools, persons or investigating bureaus needed to provide relevant information required to arrive at an employment decision.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of Caring Hands has any authorization to enter into any agreement for employment for any specified period of time or to make an agreement contrary to the foregoing and then only in writing signed by an officer.

Caring Hands reserves the right to not process any application that is not 100% complete.

Signature _____ Date: _____