



MAIL APPLICATION TO:
 Home Care for Maine
 347 Maine Ave, Farmingdale ME 04344
FAX TO: 207-582-8387

1-800-639-3084
www.homecareforme.org

(Please Print Clearly)

APPLICATION FOR EMPLOYMENT

Applications not completed in their entirety will delay hiring process.

Name

First

Last

Middle

Mailing address

City

State

Zip

County

Email Address:

Phone (Home)

Phone (Cell)

Have you ever worked, obtained licensing or certification, attended school, or been convicted of a criminal offense under a different name?
 If yes, please list your previous name(s) here:

- 1). _____ 3). _____
 2). _____ 4). _____

Can you, after employment, submit verification of your legal right to work in the United States?

Are you at least 18 years of age?

Do you have a current Maine driver's license?

Do you have reliable transportation that allows you to drive to consumer's homes and transport consumers to appointments?

Is your vehicle insured?

HOW DID YOU HEAR ABOUT US? Please list the name of the website, agency, employee, consumer, etc.

Have you ever worked for Home Care for Maine before? (Formerly Home Resources)

If yes, when?

Position applying for:

#Hrs willing to work per week:

Minimum Salary Requirements \$/HR

Date Available:

Please enter the start and end times you can promise you are available to work each week (the hours and days you list will be used to assign you cases):

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please list all town(s) where you are willing to work. Please consider that you are not paid for travel time from your home to the consumer's home.

Do you have any commitments to another employer that might affect your employment with us?

Do you understand this is a part-time/per Diem position (no guaranteed hours)? Circle One: YES NO

Are you applying for this position so that you can provide services to a specific consumer? If so, please provide the consumer's name:

Please list any related certifications, licenses, skills, experiences or qualifications, such as PCA, PSS, CNA, DSP, CRMA, LPN, RN:

EDUCATION

School	Name/Address	Course of Study	Year Completed	Did you Graduate?	List Diploma / Degree
High School			9 10 11 12		
College/Additional Courses					



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EMPLOYMENT HISTORY		Please list CURRENT employer or most recent first. Then list prior employment history where indicated.	
Employer	Employment dates: Start date: _____ Mo/Yr End date: _____ Mo/Yr	Supervisor's Name	
Address		Telephone	
Salary	Duties:	Your Job Title	
Starting: _____ Ending: _____			
May we contact this employer?			
Reason for Leaving:			
Employer	Employment dates: Start date: _____ Mo/Yr End date: _____ Mo/Yr	Supervisor's Name	
Address		Telephone	
Salary	Duties:	Your Job Title	
Starting: _____ Ending: _____			
May we contact this employer?			
Reason for Leaving:			
Employer	Employment dates: Start date: _____ Mo/Yr End date: _____ Mo/Yr	Supervisor's Name	
Address		Telephone	
Salary	Duties:	Your Job Title	
Starting: _____ Ending: _____			
May we contact this employer?			
Reason for Leaving:			
<p>Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered or military court martial. Do not include any conviction(s) or traffic violations occurring before your 18th birthday. _____ If yes, please list convictions and conviction dates:</p>			
<p>Have you received any traffic violation convictions for Operating Under the Influence (OUI), traffic violations that resulted in your license being suspended, etc? Do not include any traffic violation convictions occurring before your 18th birthday. _____ If yes, please list convictions and conviction dates:</p>			
<p>Regarding the Board of Nursing, CNA Registry or Department of Licensing and Certification, do you have any sanctions against your license or certificate? _____ If yes, please explain and list dates:</p>			



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REFERENCES:

Please list 3 individuals that have supervised you in the past. **DO NOT** include friends or family.

1).	Name _____	Business you worked for _____
	Phone # _____	Relationship _____
2).	Name _____	Business you worked for _____
	Phone # _____	Relationship _____
3).	Name _____	Business you worked for _____
	Phone # _____	Relationship _____

Read Carefully: I authorize the 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.

Signature:

Date:

Read Carefully: The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements 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 if the employer decides to employ me. In the event I am offered a position with Home Care for Maine, I give permission to Home Care for Maine to perform a criminal background check and motor vehicle record check. I understand and agree that my employment is at will and can be terminated by either party for any reason or no reason. No one other than an officer of the Agency has any authorization to enter into any agreement for employment for any specified period of time.

Signature:

Date: