

Application for Employment



Our policy is to provide equal employment opportunity to all qualified people. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the MAS Home Care agency.

Position (s) Applied for _____ Date of Application _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____ Date of birth (optional) _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been employed here before? Yes No

If yes, give dates and positions _____

How did you hear about us? _____

Date available for work _____ what is your desired salary? \$ _____

Are you able to meet the attendance requirements of the position? Yes No

Type of employment desired Full-Time Part-Time Per-diem Temporary Seasonal

Have you ever pled "guilty" or been convicted of a crime? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Drivers License # _____ State _____

Educational Background

Name and Location	Number of Years completed	Did you graduate?		Course of study
		Major	Degree	
High School				
College				
Other				

In addition to your work history, are there are other skills, qualifications, or experience that we should consider? _____

Employment History (Start with most recent employer)

Company Name _____ **Job Title** _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Date Ended _____ Ending Wage _____
Name of Supervisor _____ May we contact? Yes No Later
Responsibilities _____

Reason for leaving _____

Company Name _____ **Job Title** _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Date Ended _____ Ending Wage _____
Name of Supervisor _____ May we contact? Yes No Later
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Name of Supervisor _____ May we contact? Yes No Later
Responsibilities _____

Reason for leaving _____

References List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Name _____ Phone _____ Years Known _____

Name _____ Phone _____ Years Known _____

Applicant statement

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application

I understand that I am hired; I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature _____ Date _____



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