

# 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 \_\_\_\_\_ Email Address: \_\_\_\_\_

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  
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  
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  
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 \_\_\_\_\_



21 Saco Street, Westbrook, ME 04092

Toll Free #: 866-373-1050