



**Home Care Residential, LLC**

Home Is Where We Are Safe And Loved.

## EMPLOYMENT / JOB APPLICATION

### PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_ **DESIRED PAY:** \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

**POSITION APPLIED FOR:** \_\_\_\_\_

**EMPLOYMENT DESIRED:** ☐ FULL-TIME ☐ PART-TIME ☐ PER DIEM

**DO YOU HAVE A DRIVER'S LICENSE?** ☐ YES ☐ NO

**STATE:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED?**

☐ YES ☐ NO

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO\*

I AM A US CITIZEN

US PERMANENT RESIDENT

OTHER

A# \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES\* ☐ NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES\* ☐ NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER HAD A SUBSTANTIATED CASE BY CHILD AND/OR ADULT  
PROTECTIVE SERVICES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE CHECK WHICH DAYS AND SHIFTS YOU ARE AVAILABLE TO WORK:

| DAY OF THE WEEK | 8A-4PM | 4PM-12AM | 12AM-8AM |
|-----------------|--------|----------|----------|
| MONDAY          |        |          |          |
| TUESDAY         |        |          |          |
| WEDNESDAY       |        |          |          |
| THURSDAY        |        |          |          |
| FRIDAY          |        |          |          |
| SATURDAY        |        |          |          |
| SUNDAY          |        |          |          |

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_



OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

### REFERENCES

(PROFESSIONAL ONLY)

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MILITARY SERVICE

**ARE YOU A VETERAN?** ☐ YES ☐ NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

### CERTIFICATIONS

☐ DSP

☐ CPR/FIRST AID

☐ CRMA

☐ CPI

### BACKGROUND CHECK CONSENT

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** ☐ YES ☐ NO

Home Care Residential receives background information on all their employees from the State Bureau of Investigation, State of Maine Department of Health and Human Services Child Protective Services; and the State of Maine Bureau of Motor Vehicles. If I have lived in States other than Maine, I further authorize HCR to complete appropriate out of state background checks. Applicants should understand that any information that may be listed on these checks that relate to incidents in the applicant's past, affecting their relationship with the consumers/clients in the program, the staff, or the operation of the program, may be considered a sufficient reason to reject their application for employment or could mean their immediate termination.

The information I have provided in this application for employment is true, correct, and complete. I understand my application will be rejected if false, incomplete, omitted or misrepresented information is discovered and I may be terminated, if after I am employed, it is discovered.

I authorize HCR to contact and obtain information from previous employers, educational institutions, and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

This application is not an employment agreement. If I accept an offer of employment from HCR, I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with HCR is of an "at will" nature. My employment relationship with or without cause and without prior notice, unless required by law. I full understand an accept all terms and conditions of the above statement.

### DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. HCR does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, mental and physical disability, veteran or family status, genetic information, or any other status or condition protected by applicable federal, state or local laws except where a bona fide occupational qualification applies.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_