

**SENIORS/DOMESTICS HOME CARE AGENCY  
P.O. BOX 1771, 31 Maple STREET  
PRESQUE ISLE, ME 04769-1771  
(207) 764-5232**

POSITION APPLYING FOR:	HAVE YOU APPLIED OR WORKED FOR S/D BEFORE? YES ___ NO ___	IF YES, WHEN?
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LAST NAME	FIRST NAME	MI	OTHER NAME(S) USED FOR EMPLOYMENT/EDUCATION
STREET ADDRESS/PO BOX :			CITY, STATE, ZIP
HOME PHONE	MESSAGE PHONE	NAME AND PHONE NUMBER OF EMERGENCY CONTACT PERSON: TELEPHONE #:	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE #	STATE	EXP DATE

ARE YOU AT LEAST 18 YEARS OF AGE? YES ___ NO ___	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES ___ NO ___
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HOW DID YOU HEAR ABOUT SENIORS/DOMESTICS?				
NEWSPAPER AD	ON YOUR OWN	SCHOOL	S/D EMPLOYEE	OTHER

**EDUCATION:**

SCHOOL/LOCATION	COURSE	DEGREE	YEARS ATTENDED	GRADUATED

OTHER SKILLS, TRAINING, LICENSES, CERTIFICATIONS	MILITARY: YES ___ NO ___
	BRANCH: _____
	SPECIAL SKILLS: _____

**EMPLOYMENT HISTORY**

Please give a complete full-time and part-time employment record for the past **THREE** years. Start with the present or the most recent employer and include military service.

We may contact the employers listed below unless you indicate those you do not want us to contact.

**DO NOT CONTACT: EMPLOYER NUMBER(S)** \_\_\_\_\_ **REASON:** \_\_\_\_\_

**1.**

<b>COMPANY NAME:</b> <b>ADDRESS:</b>	<b>NAME OF SUPERVISOR:</b>
<b>TELEPHONE:</b>	<b>EMPLOYMENT DATES:</b>
<b>REASON FOR LEAVING:</b>	<b>FROM</b> _____ <b>TO</b> _____

2.

<b>COMPANY NAME:</b> <b>ADDRESS:</b>	<b>NAME OF SUPERVISOR:</b>
<b>TELEPHONE:</b>	<b>EMPLOYMENT DATES:</b> FROM _____ TO _____
<b>REASON FOR LEAVING:</b>	

3.

<b>COMPANY NAME:</b> <b>ADDRESS:</b>	<b>NAME OF SUPERVISOR:</b>
<b>TELEPHONE:</b>	<b>EMPLOYMENT DATES:</b> FROM _____ TO _____
<b>REASON FOR LEAVING:</b>	

**PERSONAL REFERENCES (not related to you)**

<b>NAME/ADDRESS</b>	<b>TELEPHONE</b>	<b>FRIEND/NEIGHBOR</b>	<b>YEARS KNOWN</b>

- Can you perform the functions of the job you are applying for? YES\_\_\_ NO\_\_\_
- **IF HIRED, CRIMINAL BACKGROUND CHECKS ARE REQUIRED BY THE STATE OF MAINE OF ALL PERSONNEL. CONVICTIONS OF CRIMES COULD PROHIBIT EMPLOYMENT BY SENIORS/DOMESTICS.**
- **I certify that to the best of my knowledge answers given herein are true and complete. I authorize Investigation of all statements contained in this application for employment decision. I understand that false or misleading information given, or omission of facts called for on the application or interview(s) is cause for dismissal. I understand that I am required to abide by all policies, rules and regulations of the company and may be required to work every other weekend. I also understand, if hired, I will be an “as needed” employee and can't be guaranteed 40 hours per week.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY

INTERVIEWER: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_