



JOB APPLICATION

Atlantic Home Care
75 Bishop Street Suite 15A, Portland, Maine 04103
TELL: (207) 420 1769
FAX: (207) 309 3009

Atlantic Home Care is an equal opportunity employer. This application will not be used for **limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.** Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: PSS

How did you hear about this position? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to and from work? _____
Salary desired: _____

Personal Information

Have you ever applied to or worked for Atlantic Home Care? **Yes** **No**
If yes, when?

Do you have any friends, relatives, or acquaintances working for Atlantic Home Care? **Yes** **No**
If yes, state name & relationship:

Are you 18 years of age or older? **Yes** **No**

Are you a U.S. citizen or approved to work in the United States? **Yes** **No**

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Atlantic Home Care, complies with the ADA and considers reasonable accommodation *measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.*)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information: Available schedule: Monday Tuesday Wednesday Thursday Friday SAT SUN

Have you ever worked as PSS Available time () () () () () () ()

Have you ever worked as pss if yes, please give a brief detail Yes NO

AT-WILL EMPLOYMENT

The relationship between you and the Atlantic Home Care is referred to as "employment at will." **This means that your employment can be terminated at any time for any reason, with or without cause,** with or without notice, by you or the Atlantic Home Care. No representative of Atlantic Home Care has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you **acknowledge that no oral or written statements or representations regarding your employment can alter** your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____