



PRIVATE HOME CARE, INC.
 PO Box 324, Belfast, Maine 04915
 (207) 338-2100 www.PrivateHomeCare.com
info@privatehomecareinc.com

DATE: _____

POSITION APPLYING FOR: _____

FULL NAME (include previously used names):

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ **MOBILE:** _____

MALE / FEMALE (Please Circle)

EMPLOYMENT DESIRED: FULL _____ **PART-TIME** _____ **BOTH** _____

AVAILABLE START DATE: _____ - _____ - _____

MINIMUM HOURS PER WEEK: _____ **MAXIMUM HOURS PER WEEK:** _____

SCHEDULE/SHIFT AVAILABILITY: _____

DRIVER'S LICENSE: STATE: _____ **#** _____

MEANS OF TRANSPORTATION: _____

***IMPORTANT – Applicant must be capable of performing physical demands of the position: bending, reaching forward and over the head, crouching, lifting and climbing stairs.**

EDUCATION HISTORY

TYPE OF SCHOOL: _____

NAME OF SCHOOL: _____

LOCATION: _____

YEARS ATTENDED: _____

QUALIFICATION OBTAINED: _____

TYPE OF SCHOOL: _____

NAME OF SCHOOL: _____

LOCATION: _____

YEARS ATTENDED: _____

QUALIFICATION OBTAINED: _____

EMPLOYMENT HISTORY

NAME OF EMPLOYER: _____

DATES EMPLOYED: _____

POSITION: _____

NAME OF EMPLOYER: _____

DATES EMPLOYED: _____

POSITION: _____

NAME OF EMPLOYER: _____

DATES EMPLOYED: _____

POSITION: _____

EMPLOYMENT HISTORY (CON'T)

NAME OF EMPLOYER: _____

DATES EMPLOYED: _____

POSITION: _____

PROFESSIONAL REFERENCES supervisor, boss, work related, volunteer position

NAME: _____

COMPANY NAME: _____

PHONE NUMBER: _____

NAME: _____

COMPANY NAME: _____

PHONE NUMBER: _____

PERSONAL REFERENCES Teacher, mentor, neighbor

NAME: _____ **/ RELATIONSHIP:** _____

PHONE NUMBER: _____

NAME: _____ **RELATIONSHIP:** _____

PHONE NUMBER: _____

EMERGENCY FAMILY CONTACT or long term connection

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE NUMBER: _____

HAVE YOU EVER BEEN INVOLVED IN ANY PROFESSIONAL LIABILITY OR WORK RELATED CLAIM? YES / NO (Please Circle)

DO YOU HAVE A DISHONESTY BOND? YES / NO (Please Circle)

IF YES, PLEASE PROVIDE A COPY. IF NO, THEN ONE WILL BE PROVIDED BY PRIVATE HOME CARE INC.

I AUTHORIZE A BACKGROUND CHECK.

Signature _____

ADDITIONAL NOTES:

What experience do you bring to this position? Include what kind of care you've provided with the elderly, or those with a disability.

Your name (printed):_____

How did you hear about Private Home Care, Inc.?_____