



Caring Way, Inc.
 P.O. Box 733
 York, Maine 03909
"Caring for the ones you Love"

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone		E-mail Address	
Date Available for Employment	Social Security No.	Desired Salary	
Position Applied for:			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your drivers license ever been Suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If Yes, Please explain:			
Are you certified or licensed as a PSS, PCA, CNA, LNA, LPN, RN.....? Please circle if applicable YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION			
High School:		Address	City: State:
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College:		Address	City: State:
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

207.363.3767 (office)

207.451.0757 (cell # 1) Linda
 207.891.6236 (cell # 2) Hank



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PREVIOUS EMPLOYMENT

Company _____ Phone () _____

Address _____ Supervisor _____ Phone # _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____ Phone # _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____ Phone # _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

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References

Please list two **PROFESSIONAL** references, relatives are excluded

Full Name: Relationship:

Company Phone: ()

Company address

Full Name: Relationship:

Company Phone: ()

Company address:

Please list two **PERSONAL** references, relatives are excluded

Full Name: Relationship:

Address: How many years known?:

Phone #

Full Name" Relationship:

Address How Many years known?

Phone #

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name: _____

Date: _____

Signature: _____ Date: _____

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