



### Application for Employment

**Personal Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Referred By: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Education:**

Name of High School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 No. Years Attended: \_\_\_\_\_

PCA Course/Where: \_\_\_\_\_  
 When: \_\_\_\_\_  
 Name of Instructor: \_\_\_\_\_

Are you on the CNA registry? yes no  
 Do you have reliable transportation? \_\_\_\_\_

**Employment:**

Present Employer:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_  
 May we call for a reference? yes no

Previous Employer:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_  
 May we call for a reference? yes no

Were you ever convicted by a court for anything other than a traffic violation?

yes no If yes, explain: \_\_\_\_\_

Are you 18 or older? yes no

I understand that Casco Bay Home will seek references from the persons listed and any information they receive will be treated confidentially and will not be shared with me.


**I certify that the above information is correct.**

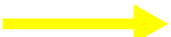
\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**CONFIDENTIAL INQUIRY**

Please fill out top section and sign and date below. Thank you.

 **Name of reference:** \_\_\_\_\_

 **Phone number** \_\_\_\_\_

We would appreciate it if you would complete the following questions regarding \_\_\_\_\_ He/she has applied for the position as \_\_\_\_\_.

In order to expedite our decision, a reply at your earliest convenience would be appreciated. The above named candidate has authorized us to request this information from you. Thank you for your assistance.

Sincerely,

Corinne Gilmore, RN, Care Manager

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

CNA/PCA skills: \_\_\_\_\_

Quality of work: \_\_\_\_\_ Dependability: \_\_\_\_\_

Attendance: \_\_\_\_\_ Initiative: \_\_\_\_\_

Interrelationships with others: \_\_\_\_\_


I hereby authorize the above mentioned person to furnish Casco Bay Home Care with information on my work performance while in their employ. I hereby release all individuals from liability for any damage whatsoever incurred in furnishing such information. I understand this information is being released in confidence to Casco Bay Home Care and will not be shared with me.


 **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*\*Complete bolded areas only**

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# Casco Bay Home Care

## SCHEDULING QUESTIONNAIRE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOW MANY HOURS DO YOU PREFER TO WORK PER WEEK? \_\_\_\_\_

WHAT TIME OF DAY DO YOU PREFER TO WORK?

\_\_\_\_\_  
\_\_\_\_\_

WHAT DAYS OF THE WEEK DO YOU PREFER TO WORK?

\_\_\_\_\_  
\_\_\_\_\_

ON A REGULAR BASIS, ARE THERE ANY DAYS OR TIMES THAT YOU ABSOLUTELY ARE NOT AVAILABLE? IF SO, WHAT ARE THEY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR PREFERRED RADIUS TO WORK? WHAT TOWNS?

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ABLE TO GIVE PERSONAL CARE TO CLIENTS?

\_\_\_\_\_

IF NOT, IS IT BECAUSE YOU DON'T KNOW HOW OR SIMPLY PREFER NOT TO PROVIDE THIS TYPE OF CARE?

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to complete this form. I am hopeful that it will help provide a schedule that works for you, your clients and Casco Bay Home Care (CBHC).**

## **Casco Bay Home Care Background Check Information**

**Policy:** It is the policy of Casco Bay Home Care to perform background checks on all new staff. If staff are employed prior to the return of the background check and there is a record of criminal conviction, the employee will be terminated immediately.

**Procedure:**

1. All new staff will complete the information on the Criminal Background request form and sign it.
2. The form will be sent to the Department of Public Safety.
3. When the form is returned, it will be placed in the employee file.

### **CRIMINAL BACKGROUND CHECK**

**We must, by law, perform a criminal background check on all home care staff. Please complete the following information:**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_