SENIOR HELPERS MAINE LLC
WE CARE FOR YOU

JOB APPLICATION

Senior Helpers Maine LLC
700 State Street, Suite 3 Bangor, Maine 04401
207-974-8229

Senior Helpers Maine LLC 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:

Position you are applying to:

Applicant Information

Applicant's Name:

First Name:	Middle Initial:	Last Name:

Address:
Apart number/House number, City, State and Zip Code:

Telephone Number:

Email Address:

Employment Position
Position(s) applying for: Full-time ☐ Part-time ☐ Per diem ☐

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

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Do you have reliable transportation to and from work?

Personal Information

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:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the
nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and
the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

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

(Note: Senior Helpers Maine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

Education and Training

High School

Name	Location (City, State)	Year Graduated	GED/equivalent Earned

College/University
High School

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

High School

Name	Location (City, State)	Year Graduated	GED/equivalent Earned

Military:

Are you a member of the Armed Services? Yes ☐ No ☐

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

Please start with your most recent 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:	

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:	

If you have additional work experience that you would like to had please make an extra copy of page 4, complete and attach to this application.

References

Please provide 2 professional reference(s) below, must be someone you have worked with and they are considered senior in your role, supervisor or manager:

Reference	Position	Work Address	Phone number or email address

Additional Information:

Do you grant Senior Helpers Maine LLC permission to conduct a background check should you become a candidate for employment? Yes ☐ No ☐

AT-WILL EMPLOYMENT

The relationship between you and the Senior Helpers Maine 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 Senior Helpers Maine LLC. No representative of Senior Helpers Maine LLC 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's Signature:	**Date:**