

# PANN HOME SERVICES

## APPLICATION FOR EMPLOYMENT

Please ask if you require assistance in filling out this application Form or in any other phase of the application process so That we may accommodate your needs. -+

Provide only information that is requested. The provision of non-responsive information will result in disqualification of this application.

Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Number and Street City and State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Area  
Code Number Area Code Number

Position Desired: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How were you referred?

Date Able  
to Start: \_\_\_\_\_

Have you previously worked  
or applied for a job here?

Are you able to work all shifts? Yes \_\_\_ No \_\_\_  
If yes, when?

If NO, when are you unable to work?

Are you a U.S. citizen or authorized to work legally in the United States? Yes \_\_\_ No \_\_\_

### Military Service

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Training or Type of Work Done in Military Service:

<u>*Dates Attended</u>		<u>Name of School</u>	<u>City &amp; State</u>	<u>Course Degree</u>
From	To	High School		
_____	_____	_____	_____	_____
		Trade/Technical School		
_____	_____	_____	_____	_____
		College		
_____	_____	_____	_____	_____
		Other Courses/Schooling (including apprenticeship)		
_____	_____	_____	_____	_____

Professional or Technical Licenses (for each list state and date):

Please describe any job-related skills or training not mentioned above:

### Work History

List present or most recent job first. Include all employment. You may include in your work history any work performed on a volunteer basis. If more space is needed, write on back of this form.

<u>Dates</u>		<u>Company Name and Address</u>	<u>Job Title or Duties</u>	<u>Weekly Pay</u>	<u>Reason for Leaving</u>
<u>From</u> Mo/Yr	<u>To</u> Mo/Yr				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you on layoff and subject to recall? Yes \_\_\_ No \_\_\_

\*Are you known to schools/references (prior employers) by another name? Yes \_\_\_ No \_\_\_

If YES, what name?

\* Information sought solely to facilitate reference checks.

**Please Read Carefully and Sign the Statement Below:**

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins.

The Company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background, including my motor vehicle driving record. I authorize all persons, schools, prior employers, credit bureaus, law enforcement agencies and Registry of Motor Vehicles to supply any information concerning my background. I hereby release such persons, schools, prior employers, credit bureaus, and law enforcement agencies, Registry of Motor Vehicles or other individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that this application shall be considered valid only for thirty (30) days from today's date. If I still desire a position with the Company after this thirty (30) day period expires, it will be my responsibility to fill out a new application and file it with the Company. Otherwise, the Company will not consider me for employment after this application expires.

I understand that if employed, I will be an employee "at will" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. If I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Post Employment**

In case of emergency notify:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

Please answer the following questions.

- What was your most significant accomplishment at work? \_\_\_\_\_  
\_\_\_\_\_
- What did you learn from that success? \_\_\_\_\_  
\_\_\_\_\_
- What was the best thing you did at your present job that made an impact on the organization?  
\_\_\_\_\_  
\_\_\_\_\_
- Describe the relationship you have with your current boss. \_\_\_\_\_  
\_\_\_\_\_
- What kind of supervision did you have? \_\_\_\_\_
- How would you change that level of supervision to increase your effectiveness?  
\_\_\_\_\_
- What frustrates you about your current job? \_\_\_\_\_  
\_\_\_\_\_
- What do you like doing the most in your present job? \_\_\_\_\_  
\_\_\_\_\_
- If you could do anything in the world and money wasn't an object, what kind of work would you do? \_\_\_\_\_
- What was the most challenging task that you have completed? \_\_\_\_\_  
\_\_\_\_\_
- What would your boss tell me about your performance? \_\_\_\_\_  
\_\_\_\_\_
- Why do you want to leave your current job? \_\_\_\_\_  
\_\_\_\_\_
- What motivates you? \_\_\_\_\_
- What are your career goals? \_\_\_\_\_

➤ Why do you think you will successful in your job? \_\_\_\_\_

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➤ Tell me about the best boss you've had. \_\_\_\_\_

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➤ Tell me about the worst boss you've had. \_\_\_\_\_

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➤ If I were to call five people who knew you well, what would be three words they would use to describe you? \_\_\_\_\_

➤ Why do you want this job? \_\_\_\_\_

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➤ What is it about this job that gets you excited? \_\_\_\_\_

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➤ If you were in my chair, hiring someone for this position, what qualities would you look for in the applicant? \_\_\_\_\_

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➤ On your last job, what did you do to improve your effectiveness? \_\_\_\_\_

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➤ If we were meeting here three years from today – and you were to look back over those years to today, what has to have happened during that period, both personally and professionally, for you to feel happy about your progress? \_\_\_\_\_

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## Pre - Employment Inquiry Release



In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences and workers compensation records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Applicant's Name: \_\_\_\_\_

Sample Entry: 

1	2	3	A	B	C
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Date of Birth\* (mm-dd-yyyy): 

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 Social Security #: 

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Alias/Maiden Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: 

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 Zip Code: 

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Driver's License #: \_\_\_\_\_ State: 

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Prospective Employer: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Date of Birth is being requested in order to obtain accurate retrieval of records.

### California, Minnesota & Oklahoma Applicants Only:

- Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.



### Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

