



200 ROESSLER ROAD
 PITTSBURGH, PA 15220
 PHONE: 412-344-3640
 FAX: 412-440-0183
 EMAIL: Careers@MainstayLifeServices.org

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First Name	Date	
	Street Address		Home Phone ()	
	City, State, Zip Code		Cellular Phone ()	
	Have you ever filed an application with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____		Salary Requirement:	
	Have you ever been employed with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____			
	How did you hear about Mainstay Life Services' career opportunities? _____		Date available to begin work:	
	If an advertisement or current employee, please specify source: _____			
	Position applied for: <input type="checkbox"/> Community Living Specialist/Direct Care <input type="checkbox"/> Management <input type="checkbox"/> Other Preferred shift: <input type="checkbox"/> Afternoons <input type="checkbox"/> Overnights <input type="checkbox"/> Weekend Block <input type="checkbox"/> Daylight Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Sub/Variable Hour <input type="checkbox"/> Summer Camp (late June-early August) Geographical Preference Within Allegheny County: <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> West			
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you resided in the state of PA for two consecutive yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list states: _____ Do you have a recent FBI Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please share date: _____			
Do you have the ability to lift, transfer, climb, reach, stand, and walk distances? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____				
Can you perform the essential functions of the job without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____				
If you have any of the following documents, please check & indicate the date it was obtained: <input type="checkbox"/> Child Abuse Clearance/Date _____ <input type="checkbox"/> Criminal History Clearance/Date _____ <input type="checkbox"/> Recent Physical Exam/Date _____ <input type="checkbox"/> Recent Tuberculosis Test / Date _____				
<p>The information provided below must be truthful and complete. If employed, any misstatement or omission of fact on this application will result in my immediate dismissal.</p> Have you ever been dismissed or asked to leave a position by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Have you had your valid driver's license for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify state: _____				

EMPLOYMENT

Please give accurate, complete employment information, beginning with your present or most recent employer.

1	Company Name:	Phone: ()
	Street Address:	From:
	City, State:	To:
	Job Title:	Beginning Wage _____ per hour/week
	Describe your job duties:	Final Wage _____ per hour/week
	Name of Supervisor:	Reason for Leaving:
2	Company Name:	Phone: ()
	Street Address:	From:
	City, State:	To:
	Job Title:	Beginning Wage _____ per hour/week
	Describe your job duties:	Final Wage _____ per hour/week
	Name of Supervisor:	Reason for Leaving:
3	Company Name:	Phone: ()
	Street Address:	From:
	City, State:	To:
	Job Title:	Beginning Wage _____ per hour/week
	Describe your job duties:	Final Wage _____ per hour/week
	Name of Supervisor:	Reason for Leaving:
4	Company Name:	Phone: ()
	Street Address:	From:
	City, State:	To:
	Job Title:	Beginning Wage _____ per hour/week
	Describe your job duties:	Final Wage _____ per hour/week
	Name of Supervisor:	Reason for Leaving:

List any additional employment on a separate sheet of paper.

Indicate any employer(s) listed above you do not want contacted for a reference.

Employer

Reason to not contact:

E D U C A T I O N	School	Name & Location	Course of Study	# of Years Completed	Degree/ Diploma	Specialized Training/ Skills
	High School					
	Business/Trade/ Technical					
	College/ University					
	Graduate/ Professional School					
	Other special training or skills (I/DD, LPN, CNA etc.):					

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. It is understood that an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

I authorize Mainstay Life Services to seek and obtain from my present and previous employers, schools, training institutions, and/or personal/professional references any information. All employers, schools, training institutions, and personal/professional references are authorized to release such information.

Signature: _____ Date: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Once completed, please do one of the following:

1. Upload your resume online: www.mainstaylifeservices.org, Careers, Apply Here, Upload Interactive PDF Applications, Choose File
2. Email to careers@mainstaylifeservices.org
3. Fax to 412.440.0183

Revised 3/9/2017