



200 ROESSLER ROAD
 PITTSBURGH, PA 15220
 412-344-3640
 FAX: 412-344-5486
 EMAIL: careers@mainstaylifeservices.org

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Date	
	Street Address	Cell Phone ()		
	City, State, Zip Code	Home Phone ()		
	Email Address:	Salary Requirement:		
	Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____		Date available to begin work:	
	Have you ever been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, give date(s) From: _____ To: _____			
	How did you learn of this position? _____			
	If an advertisement/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"/> Weekends <input type="checkbox"/> Daylight				
Are you able to work <input type="checkbox"/> Full Time <input type="checkbox"/> Substitute/Variable Hour <input type="checkbox"/> Summer Camp				
Geographical Preference Within Allegheny County: <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> West <input type="checkbox"/> Any Location				
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify state: _____				
Do you currently reside outside of the state of Pennsylvania? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list state _____				
Can you perform the essential functions of the job without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain _____				
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.				
Have you ever been dismissed or asked to leave a position by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____				

EMPLOYMENT	Please give accurate, complete employment information, beginning with your present or most recent employer. Include military service assignments and any volunteer activities.
-------------------	--

1	Company Name:	Phone: ()
	Job Title:	Start date: End date:
	Describe your job duties:	Beginning Wage _____ per hr/wk Final Wage _____ per hr/wk
	Name of Supervisor:	Reason for Leaving:

2	Company Name:	Phone: ()
	Job Title:	Start date: End date:
	Describe your job duties:	Beginning Wage _____ per hr/wk Final Wage _____ per hr/wk
	Name of Supervisor:	Reason for Leaving:

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 / GED					
	Business/Trade/ Technical/College					
	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.

Mission Statement

Our Mission

Mainstay Life Services provides life-long, high- quality support services to ensure that people with developmental disabilities lead fulfilling lives and realize their vision of a desirable future.

Our Vision

Individuals with developmental disabilities will live within a community that sustains them and benefits from their participation. Mainstay Life Services will be regarded as the region's provider of choice for individuals and families seeking services, and as the employer of choice for qualified and committed professionals.

Read our Mission Statement above and describe below how you (specifically) will uphold and support the Mission Statement as an employee of Mainstay Life Services?

Math

Please read the following questions and write the answer in the space provided.

1. Kim received her new pack of medication for November, which has 30 days. She is supposed to take 1 1/2 tabs per day. How many total pills should be in the package?
2. If Joe is supposed to be given 125 milligrams of Amoxicillin 3 times per day at 8am, 4pm and 8pm, how many total milligrams are they prescribed per day?
3. If Sue receives 2 tabs of Ativan daily, how many pills would be left after her last dose is given on the 15th of the month, assuming that there is 30 days in the month?
4. If you took 4 individuals to the movies and they all had soda and popcorn and it was on one bill, how much would each of them owe if the total cost was \$57.32?

Return completed application to
Mainstay Life Services
Email: careers@Mainstaylifeservices.org or
FAX: 412.344.5486 or
Mail to: 200 Roessler Road, Pittsburgh, PA 15220