



EMPLOYMENT APPLICATION

Progressive Staffing Solutions LLC.

71 Jean Street, Framingham, MA 01702 Tel: 617 560 0821 •
Email:support@myprogressivestaffingsolutions.com Web: www.myprogressivestaffingsolutions.com

Today's Date _____ Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also 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 Print

Position Applied for Home Health Aide Nurse Assistant
 Homemaker Other _____

How did you learn about Progressive Staffing Solutions LLC?

- Advertisement (Where?) _____
- Care Center: _____
- Training Program: _____
- Progressive Staffing Solutions Employee (Name): _____
- Other _____

Name _____

Present Address _____

City _____ State _____ Zip _____ Phone (____) _____-

Social Security Number _____ / _____ / _____ Email _____

General Information

Are you legally able to be employed in the United States? Yes No

Proof of your eligibility and identity will be required upon employment.

Have you ever filed an application with us before?

Yes No If yes, give date _____

Were you ever placed through Progressive Staffing Solutions LLC?

Yes No If yes, give date _____

Please list any relatives working with Progressive Staffing Solutions LLC.

In case of an emergency notify: (check one) Relative Friend

Name: _____

Address _____

Home Tel. Number (____) _____-_____ Work Tel Number (____) _____-

Employment History

Please list your most recent job. Include any job related military service assignments and volunteer activities.

Explain any gaps in your work history, using the space at the bottom of the page.

Are you currently employed? Yes No
 If yes, may we contact your current employer?
 If no, may we contact your previous employer?

Employer _____ Dates Employed: From _____ to _____
Address _____ Hourly Rate/ Salary: Starting _____ Final _____
Street Address
City _____ State _____ Zip code _____ Job Title _____
Telephone Number(s) _____ Supervisor _____
Name and Title
Duties _____

Reason for Leaving _____

Employer _____ Dates Employed: From _____ to _____
Address _____ Hourly Rate/ Salary: Starting _____ Final _____
Street Address
City _____ State _____ Zip code _____ Job Title _____
Telephone Number(s) _____ Supervisor _____
Name and Title
Duties _____

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Duties _____

Reason for Leaving _____

Employment Gaps
(IF ANY)

Availability

Are you available to work: Full Time Part Time

On what date would you be available to start working?

Are you available to work holidays? Yes No

Are you interested in working as a live-in home health aide? Yes No

If yes, please check which days you are available:

- 5 day live in Monday through Friday only
- 2 day live in Saturday and Sunday only
- Both Monday through Friday or weekends
- Respite/Emergency fill-in only

Are you interested in working hourly cases? Yes No

Please write in the times you can work under the days you are available, e.g.

Monday
8 am
to
8 pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____
to	to	to	to	to	to	to
_____	_____	_____	_____	_____	_____	_____

Please read carefully before signing.

If you have any questions regarding the following statements, please ask for assistance.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representative of this company/organization.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Date _____ Signature _____

Print Name _____



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