

Home & Health Care Services

PO Box 250
Hornell, New York 14843
(607) 324-4142
Fax: (607) 324-2378

Dear Applicant:

Please carefully complete the enclosed application. Be sure all addresses are complete for reference checks.

Please return the following with your application:

Completed application
Signed reference request (only sign the reference request, do not complete)
Copy of your driver's license
Copy of your current auto insurance
Any proof of training
Auto Insurance Card

If you have any, questions please contact our agency at (607) 324-4142

Please note that there are 3 sheets that require a notary signature

Please return your application to:

Director
Home & Health Care Services, Inc.
PO Box 250
Hornell, N.Y. 14843

Our physical address is:

City Hall
82 Main Street (3rd Floor)
Hornell, NY 14843

Thank you, for your interest in our agency. For tracking purposes how did you find out about our agency? _____

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APPLICATION FOR EMPLOYMENT

Please Print Clearly

Name: _____ Previous Names: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Position you are applying for:

CNA ___ HHA ___ PCA ___ HMKR ___ Trainee ___ Other _____

Highest Grade Completed – _____

Other Training: _____ Where? _____

PERSONAL REFERENCES *Do not use relatives or previous employers.*

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

1. Do you have a current NYS driver's license? YES or NO
2. Do you have a dependable and insured auto for work? YES or NO
3. Has your driver's license ever been suspended or revoked? YES** or NO
4. Have you ever been convicted of a crime? YES** or NO

**Please explain: _____

The New York State Human Rights Law prohibits discrimination in employment because of age, sex, race, creed, color, national origin or disability. Home & Health Care Services complies with this law. I authorize this service to make inquiry of any of my former employers or references as to my experience, character, habits and reason for leaving employment. I understand also that receipt of satisfactory medical reports regarding me is required. I agree to abide by the rules of this service and to notify the service promptly of any change of address and/or telephone number. I certify that the above statements are true to the best of my knowledge and understand that the making of false statements will be considered sufficient cause for immediate discharge from employment. I certify that all statements on this application are true to the best of my knowledge and understand that making false statements will be considered sufficient cause for termination of employment.

Signature of Applicant: _____ Date: _____

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PREVIOUS EMPLOYMENT RECORD *(Please begin with the current or most recent)*

Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

_____ ATTN: _____

Your position and duties: _____

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Mailing Address: _____ Phone: _____

_____ ATTN: _____

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Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

_____ ATTN: _____

Your position and duties: _____

Please comment on all personal experience you have had that relates to the position you are applying for with Home & Health Care Services:

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REFERENCE REQUEST (applicant please sign only)*

I have applied for employment with Home & Health Care Services. I hereby give my permission to release any and all information concerning my employment or personal information. The evaluation information will be held confidential and for the use of those determining my suitability for the position.

***Signature of Applicant:** _____ **Date:** _____

TO: Employment: _____ **Personal:** _____
Employer *Name*

The individual named above is applying for a position as a _____ and has given your name as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response. If you have any questions, please phone the agency office at 607-324-4142.

This is a **personal / employment** reference. (*circle one*)

Please answer the questions below, if applicable:

Position held or capacity known: _____

Dates employed or personally known: _____

Name while employed with your company: _____

4=Excellent 3=Good 2=Fair 1=Poor n/a=Does not apply

Quality of Work _____ Attendance _____ Cooperation _____ Integrity _____

Honest _____ Patient _____ Motivated _____

Knowledge & Skills _____ Professional Appearance _____

Additional Comments: _____

Dates Employed: From: _____ to _____

Would you re-hire? Yes___ No___ Comments: _____

Reason for leaving employment: _____

Completed by: _____ Date: _____

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Title

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NOTIFICATION TO PROSPECTIVE EMPLOYEE

RE: Criminal History Record Checks

Effective: 4/1/05

This is to inform you that the State Commissioner of Health mandates all licensed home care agencies to obtain a criminal history record report for any unlicensed individual who provides direct care or supervision to a client. This mandate protects the welfare and security of the vulnerable patients of nursing facilities and home care services agencies.

1. You will have the opportunity to obtain, review and seek correction of the information obtained in the Criminal History Record Check
2. You may withdraw your application for employment at any time, without prejudice, prior to Home & Health Care Services' decision to hire you. Upon such withdrawal, any fingerprints and criminal history records concerning you will be destroyed.
3. As part of the process you will complete form DOH CHRC 102 Consent and Attestation Form
4. My supervisor will set up a Live Scan appointment for digital fingerprints

I understand and consent to the above statement

Signature of Applicant

Date

Signature of Witness

Date

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PROSPECTIVE EMPLOYEE SWORN STATEMENT/DISCLOSURE

I _____ do hereby agree to disclose to Home & Health Care Services any finding of patient or resident abuse or a conviction of a crime or violation other than a traffic infraction.

Please enter below any past convictions or pending convictions:

Signature in present of a Notary:

Signature of Applicant

Date

< Seal >

Signature of Notary

Date

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INFORMATION RELEASE FORM

To be considered for employment with Home & Health Care Services, I authorize the release of all information about me from any of the following sources:

- Motor Vehicle Department
- Former Employees
- Federal Bureau of Investigation (FBI)
- Personal References
- Department of Social Services in the county I reside
- Sheriff Department in the county I reside
- Police in the town/city I reside
- New York State Police
- All police agencies from former places of residence

I, _____, understand that only the relevant information obtained through this investigation shall be considered for my potential employment with Home & Health Care Services. I understand I have the right to withdraw my application any time prior to being hired.

Other names/alias (maiden or married)

Driver's License Number & State

Social Security Number

Date of Birth

Signature in present of a Notary:

Signature of Applicant

Date

< Seal >

Signature of Notary

Date

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I have applied to Home & Health Care Services, Inc. to provide direct care to clients. I understand that a part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history record check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI)

I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and Home and Health Care Services, Inc. this information may be used only by Home and Health Care Services, Inc and only for the purpose of determining my suitability for employment in a position involved in direct patient care.

I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.

I understand I have the right to withdraw my application for employment without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.

Signature in presence of Notary:

Signature: _____ Date: _____

Current Address: _____

Signature of Notary: _____ Date: _____

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Authorization for Motor Vehicle Report

My signature on this form authorized Home & Health Care Services to obtain a report of my motor vehicle record. This report may be used to evaluate my driving record and my eligibility for employment.

I want a copy of the report.

I do not want a copy of the report.

This report will be provided by: HireRight
www.hireright.com

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

Date of Birth: ____ / ____ / ____ Phone number: _____

License Number: _____ Expiration Date: _____

Social Security Number _____

Signature: _____

Date of Authorization: ____ / ____ / ____

Information about hireright's privacy practice can be found at:

www.hireright.com/Privacy-Policy.aspx

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Home & Health Care Services Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____