



APPLICATION FOR EMPLOYMENT

INFORMATION

Name: _____ Previous Names: _____
Address: _____ Cell Phone: _____
Email Address: _____ Home Phone: _____

Position Applying for: HHA ___ PCA ___ HMKR ___ LPN ___ RN ___ Other _____
Available to Start: _____ Referred by: _____
How did you hear about us? Company Website: ___ Facebook ___ Friend/Family Member: ___ Other: _____

PERSONAL REFERENCES (Prefer 3 business & 1 personal reference)

Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____

1. Do you have a current NYS drivers 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.

Signature of Applicant: _____ Date: _____



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

Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

Contact Person/Supervisor: _____

Position held and duties: _____

Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

Contact Person/Supervisor: _____

Position held and duties: _____

Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

Contact Person/Supervisor: _____

Position held and duties: _____

Business: _____ Dates Employed: _____

Mailing Address: _____ Phone: _____

Contact Person/Supervisor: _____

Position held and duties: _____



EDUCATION HISTORY

High School (name/address): _____

Degree: _____ Graduation Date: _____

College (name/address): _____

Degree: _____ Certificate: _____

Graduation Date: _____ Currently Attending/Exp. Graduation Date: _____

Other Training: _____

Where: (name/address): _____

Degree: _____ Certificate: _____

Graduation Date: _____ Currently Attending/Exp. Graduation Date: _____

ACKNOWLEDGEMENT

By submitting your application, you hereby certify that the facts set forth in the above employment application are true and complete to the best of your knowledge.

I have read and accept the above acknowledgement (required):

Applicants Signature

Date

Print Name

Home & Health Care Services
82 Main Street (PO Box 250)
Hornell, NY 14843
(607) 324-4142
Fax: (607) 324-2378