



APPLICATION FOR EMPLOYMENT

First Name:		Last Name:		Middle Initial:	Date:
Street Name and Apt Number:			City:	State:	Zip:
Cell Phone:	Last 4 of SS Number:	E-Mail Address:			
Position Applied for:		Type Desired:	Availability:		
<input type="checkbox"/> Caregiver (Companion)		<input type="checkbox"/> Full Time	<input type="checkbox"/> Monday	Hours Available:	
<input type="checkbox"/> Personal Care Aide (Certified)		<input type="checkbox"/> Part Time	<input type="checkbox"/> Tuesday	Hours Available:	
<input type="checkbox"/> Home Health Aide (Certified)		<input type="checkbox"/> Per Diem	<input type="checkbox"/> Wednesday	Hours Available:	
<input type="checkbox"/> Nursing			<input type="checkbox"/> Thursday	Hours Available:	
<input type="checkbox"/> Other (write-in):			<input type="checkbox"/> Friday	Hours Available:	
Date Available to Start?			<input type="checkbox"/> Saturday	Hours Available:	
How did you hear about us?			<input type="checkbox"/> Sunday	Hours Available:	

A condition of employment is that you have a current NYS Driver's License (not a learner's permit) and a registered vehicle. You will be required to submit proof of both, as well as valid auto insurance.

Do you have a vehicle in good working condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally allowed to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work overtime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends or family employed with America Home Care/Good Samaritan HH?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who are they?			
Have you ever been convicted of a crime in the last seven (7) years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			
If considered for employment, will you agree to provide a criminal background check?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATIONAL BACKGROUND

School Name and Location	Graduated?	Degree	Year
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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What Nursing or relevant designations, licenses, or registrations, if any, do you possess?

Type	Date of Most Recent Registration or Renewal?	Valid in NY State?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have either and/or both of the following certifications?

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Cert Date?		First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Cert Date?	
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EMPLOYMENT BACKGROUND

Provide the following information **BEGINNING WITH YOUR CURRENT OR MOST RECENT** employer.

Employer	Telephone	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Job Summary/Responsibilities		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

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Address		
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Job Summary/Responsibilities		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

List **PROFESSIONAL** (1 manager/supervisor or 1 co-worker) AND a **PERSONAL** references (**NO RELATIVES**). List name, relationship, number of years acquainted, and phone number of each reference. We check all references.

REFERENCE TYPE	NAME & RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
PROFESSIONAL			
PERSONAL			

I certify that all the information I have provided is true, thorough, and correct.

The information contained within this application, or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that illegal use or habituation of drugs is prohibited during my employment. I state that I have no medical history of addiction to any habit-forming drugs such as narcotics, depressants, stimulants, or alcohol that may alter my behavior. If warranted, I am willing to submit to drug testing to detect the illegal use of these drugs prior to and during my employment.

I understand that if hired, I will be required to consent to a criminal background check and provide the following: proof of identity and legal authority to work in the New York State, proof of certifications or educational qualifications, and a record from the department of motor vehicles.

Furthermore, I understand and agree that if employed, I am free to resign at any time, and America Home Health, Inc. reserves the same right to terminate my employment at any time, with or without prior notice.

This application does NOT in any way constitute an agreement or contract for employment.

I agree that all operational procedures and business methods to which I have gained access to are confidential trade secrets of America Home Health, Inc.

Signature of Applicant

Date

OFFICE USE ONLY:

Date Application Received:		Date Application Contacted:	
Date Application Interviewed:		Date Application Hired:	
Notes:			

Signature of Interviewer

Date



CHRC FORM

TO BE COMPLETED BY ALL POTENTIAL EMPLOYEES

Only fill out if you are a CERTIFIED Aide

First Name:		Middle Initial:	Last Name:		
DOB:	Last 4 SSN:	Maiden Name:		Gender:	
Alias (AKA):	Race:		Birth Country:		
Street Name and Apt Number:			City:	State:	Zip:
Telephone:	Cell Phone:	E-Mail Address:			
Height (ft. and in.):	Weight (lbs.):	Eye Color:	Hair Color:		

In connection with my employment at America Home Health Inc., I hereby authorize America Home Health, Inc. to conduct a security background check on me. I understand this security check will cover information such as criminal history, employment history, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release America Home Health, Inc. and its employees from all liability resulting from this information released to America Home Health, Inc.

I certify that all the statements made by me on this form are true, complete, and correct to the best of my knowledge.

I understand that any false statements made herein could void my consideration for employment or could result in disciplinary action up to and including termination.

Signature of Applicant

Date

Printed Name

Auxiliary aids and services are available to persons with disabilities upon request.