



HOMECARE: Always Available

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No.: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### References

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **EMERGENCY CONTACT FORM**

Employee Name: \_\_\_\_\_

1. Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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**AVAILABILITY:**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

**LANGUAGES:**

Which languages do you speak?

\_\_\_\_\_

**LOCATION:**

Which boroughs can you travel to? PLEASE CIRCLE AT LEAST TWO

Brooklyn \_\_\_\_\_ Queens \_\_\_\_\_ Manhattan \_\_\_\_\_ Bronx \_\_\_\_\_ Staten Island \_\_\_\_\_

**PATIENT CARE:**

Can you work with pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Some: (Specify) \_\_\_\_\_

Can you work with patients who smoke: Yes \_\_\_\_\_ No \_\_\_\_\_

**HOW DID YOU HEAR ABOUT CARE 365 HOME CARE?**

Website: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Training School: \_\_\_\_\_

Friend: \_\_\_\_\_ Name: \_\_\_\_\_



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## **FINGERPRINT INFORMATION**

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**BIRTH COUNTRY/PLACE:** \_\_\_\_\_

**GENDER: FEMALE:** \_\_\_\_\_ **MALE:** \_\_\_\_\_

**RACE: Please Circle One Below:**

**ASIAN    AFRICAN AMERICAN    WHITE/HISPANIC    NATIVE AMERICAN    OTHER**

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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**CARE 365 HOME CARE AFFIDAVIT**

I have applied for a position as a caregiver with care 365. All the information I have submitted is true to the best of my knowledge. All certificates (or copies of originals) are valid and all background information is correct. I authorize care 365 to obtain any information regarding and pertaining to my employment and health status. I UNDERSTAND that this may include contacting to obtain information to verify signatures, dates, forms and data.

- **Medical Providers (M.D. Lab Report, etc.)**
- **Previous Employers**
- **Schools and Training Programs**
- **Personal and Professional References**

I further release Care 365 of any liability that may occur as a result of my personal negligence or as a result of any information that I wrongfully or fraudulently submitted to Care 365 Home Care, or in the course of applying for a position during my association with them. I understand that any information fraudulently submitted will result in my immediate termination.

As a job applicant/employee of Care 365, I hereby attest to the fact that I have received no special inducements, remuneration or promises thereof to work for this agency. I understand that any benefit that I may be eligible for will be accordance with policies established by Care 365. Hiring of personnel, wages, and benefits are awarded without regard to race, religion, disability, martial status or sexual orientation. Care 365 is an equal opportunity employer. I have read the above statement and I understand agree with its contents.

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**AUTHORIZATION FOR SEARCH AND EXCHANGE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize Care 365 Home Care, to submit a request to the Attorney General of United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and Care 365 Home Care. This information may be used only by Care 365 Home Care and only for the purpose of determining my suitability for employment in a position involved I direct patient care and/or supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_



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REFERENCE REQUEST

To: \_\_\_\_\_ Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Release of Information: I hereby release from all liability the company, institution or person named above and authorize them to release all information regarding my employment with them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The person identified above has applied for a position at Tov-Care Home Health Services, LLC. Would you kindly complete the reference information below and return the reference information. This information will be kept confidential. Thank you.

Position held at your organization: \_\_\_\_\_

Reference's relationship to applicant: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you re-employ?  Yes  No If no why? \_\_\_\_\_

Table with 4 columns: Applicant's Work Record, Satisfactory, Unsatisfactory, Unable to Evaluate. Rows include Quality of Work, Productivity, Attendance, Punctuality, Initiative, Cooperation, Dependability, Accepts constructive Criticism, Appearance.

Additional Comments:

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REFERENCE VALIDATION: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**VERBAL REFERENCE**

Name of Applicant: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Release of Information:** I hereby release from all liability the company, institution or person named above and authorize them to release all information regarding my employment with them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFORMATION**

COMPANY CONTACTED: \_\_\_\_\_

REFERENCE INDIVIDUAL SPOKEN TO: \_\_\_\_\_

POSITION HELD BY APPLICANT: \_\_\_\_\_

RELATIONSHIP TO APPLICANT:  DIRECT SUPERVISOR  SUPERVISOR  OTHER: \_\_\_\_\_

DATES OF EMPLOYMENT AT CONTACT COMPANY: FROM: \_\_\_\_\_

TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WOULD YOU REHIRE?  YES  NO IF NO, WHY? \_\_\_\_\_

Applicant's Work Record	Satisfactory	Unsatisfactory	Unable to Evaluate
Quality of Work			
Productivity			
Attendance			
Punctuality			
Initiative			
Cooperation			
Dependability			
Accepts constructive Criticism			
Appearance			

Additional Comments:

REFERENCE TAKEN BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



