

# Application for Employment

# WELLNESS HOME CARE, Ltd.

845.294.8364 Fax-845.294.8966

An Equal Opportunity Employer

Please Print

Last Name	First Name	Initial	Social Security Number	Date
Address Number & Street		City	State	Zip
Mailing Address if different from above				Telephone Number
Person to be Contacted in Case of Emergency				Relationship
				Telephone

## Work Experience

<b>Position Applied for:</b> <input type="checkbox"/> HHA <input type="checkbox"/> PCA <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> IV team <input type="checkbox"/> Training <input type="checkbox"/> other	<b>How did you learn about us?</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> other
Best time to contact you at home is.....	_____ : _____ AM _____ : _____ PM
May we contact you at work? .....	Yes No
If you are under 18 years of age can you provide required proof of eligibility to work?.....	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Have you ever filed an application with us before? If yes when? ____/____/____	<input type="checkbox"/> <input type="checkbox"/>
Have you ever been employed with us before? If yes when? ____/____/____	<input type="checkbox"/> <input type="checkbox"/>
Are you currently employed?.....	<input type="checkbox"/> <input type="checkbox"/>
May we contact your current employer?.....	<input type="checkbox"/> <input type="checkbox"/>
Are you currently allowed to work according to the U.S. Department of Immigration Regulations and if Hired can you produce evidence to that effect.....	<input type="checkbox"/> <input type="checkbox"/>
Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What shifts are you available to work</b> <input type="checkbox"/> Full Time (Please indicate: day evening night shift) <input type="checkbox"/> Part Time (Please indicate: day evening night shift) <input type="checkbox"/> Per-Deim (Please indicate days of week _____ time of day _____)	Date Available to start Salary Range
Location Preferences by Counties: <input type="checkbox"/> Orange <input type="checkbox"/> Sullivan <input type="checkbox"/> Rockland <input type="checkbox"/> Ulster <input type="checkbox"/> Dutchess <input type="checkbox"/> Putnam <input type="checkbox"/> Westchester <input type="checkbox"/> Nassau <input type="checkbox"/> Suffolk <input type="checkbox"/> Other	

## Education

School Name & Location	Dates of Attendance	Highest Year Completed	Course of Study	Degrees & Honors

## Foreign Languages

Language(s)	Read, write and/or speak	With difficulty, Moderately well or fluently
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## Driving Record

License No.	State	Type of License
Have you ever had you license revoked: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, explain:		

**Remarks:** Applicant should note any information pertinent to his or her qualification not covered by this application including special training, skills apprenticeship or any job-related training received in the United States military.

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**Employment History** (Begin with your present, or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status). Please explain any gaps in employment in comment section below.

Employer	Telephone ( )	Dates From	Employed To	Summarize the type of work performed & Job responsibilities
Address				
Job Title	Supervisor	Hourly Starting	Rate/Salary Final	
Reason for Leaving		\$	\$r	
May we contact for reference? Yes No Later				
Employer	Telephone ( )	Dates From	Employed To	Summarize the type of work performed & Job responsibilities
Address				
Job Title	Supervisor	Hourly Starting	Rate/Salary Final	
Reason for Leaving		\$	\$	
May we contact for reference? Yes No Later				
Employer	Telephone ( )	Dates From	Employed To	Summarize the type of work performed & Job responsibilities
Address				
Job Title	Supervisor	Hourly Starting	Rate/Salary Final	
Reason for Leaving		\$	\$	
May we contact for reference? Yes No Later				

**Additional Comments**


**References:** List name and telephone number of three business/work references whom are *not related* to you and are not previous supervisors. If not applicable, list three schools or personal references that are not related to you.

Name	Address	Telephone	Years Known
1		( )	
2		( )	
3		( )	

**Applicant's Statement**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from al liability for any damage that may result from furnishing same to you.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

**Signature of Applicant**

**Date**

**OFFICE USE ONLY**

Interviewer	Date	Position
DOH	Start Date	Salary