

## Application for Employment

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Province ZIP/Postal Code

Telephone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Referred to us by \_\_\_\_\_

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Position(s) applied for  Caregiver  PCA  HHA  Nursing  Other: \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Casual \_\_\_\_\_  
 Please Specify Days and Hours

If currently employed, may we contact your employer?  Yes  No

Rate of Pay Expected \$ \_\_\_\_\_ per hour

Is there a specific reason you are applying for employment at this company?  Yes  No

If Yes, please briefly outline the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Are you available to work overtime if required?  Yes  No

Have you applied with this company before?  Yes  No

Have you been employed at this company before?  Yes  No  
 If yes, when? \_\_\_\_\_ and at what location? \_\_\_\_\_

Do you have any friends or family employed at this location?  Yes  No

Have you been convicted of a crime?  Yes  No  
 If yes, please explain \_\_\_\_\_  
CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to provide a criminal background check?  Yes  No

If considered for hiring, will you agree to provide a drivers abstract?  Yes  No  N.A.

**EDUCATIONAL BACKGROUND**

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?  
Type \_\_\_\_\_ Date of Most Recent Registration \_\_\_\_\_ Valid in State/Province ?  
\_\_\_\_\_ Yes No  
\_\_\_\_\_ Yes No

Do you have the following: CPR No Yes Last Certified \_\_\_\_\_  
First Aid No Yes Last Certified \_\_\_\_\_  
PCA No Yes Last Certified \_\_\_\_\_  
HHA No Yes Last Certified \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

What do you think is the most difficult part of In-Home Care or customer service work?

\_\_\_\_\_  
\_\_\_\_\_

What was the best job you ever had and why?

\_\_\_\_\_  
\_\_\_\_\_

What was your least favourite job and what did you dislike about it?

\_\_\_\_\_  
\_\_\_\_\_

Think of the BEST supervisor you have ever had, what characteristics made that person a good manager?

\_\_\_\_\_  
\_\_\_\_\_

Think of the WORST supervisor you have ever had, what characteristics made that person a poor manager?

\_\_\_\_\_  
\_\_\_\_\_

How will you be able to contribute to providing seniors with high quality care?

\_\_\_\_\_  
\_\_\_\_\_

Imagine you have been on your feet and working hard all day. A customer that you have been dealing with is rude and impatient, what do you do?

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer. (Resume may be attached, however; it does NOT substitute filling out this information)

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

**REFERENCES**

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			( )
			( )
			( )

*I certify that all the information I have provided is true, complete 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 decision making 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 as part of the application process, Tender Loving Family Care, Inc. will access, prior to hiring, the Employee Misconduct Registry and the Nurse Aide Registry to determine if an individual is eligible for employment. In addition, I understand that the registry results will become part of my confidential, personnel file at Tender Loving Family Care, Inc. and Tender Loving Family Care, Inc., may deny or terminate employment with a finding concerning abuse, neglect, or exploitation, or mistreatment of a patient of an agency or facility, or misappropriation of a patient's property.*

*I give my former/current employer, authorization to provide a reference check to my potential employer. I am aware and acknowledge the information referred to above is not shared with any third parties. By signing below I give the employer consent to collect the information contained herein and use for the purpose specified. I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in the US, proof of certifications or educational qualifications, and a drivers abstract (if applicable).*

*If understand that if I'm offered and accept employment with Tender Loving Family Care, Inc. in the interest of safety for all concerned, you may be required to take a urine test for drug and/or alcohol use. We may also request a random drug/alcohol test during your course of employment (random request will be required to be completed immediately upon request).I have been fully informed of the reason for which I would be tested. I understand the procedure I agree to comply with this policy. I do hereby freely give my consent for a urine test for drug and/or alcohol use to be conducted by provider of Tender Loving Family Care, Inc. choosing. In addition, I understand that test results will be forwarded to Tender Loving Family Care, Inc. and become part of my record. If a test result is positive, and for this reason I am not hired, or have any negative impact on my employment, I understand that I will be given the opportunity to explain the results of the test.*

*I understand that this authorization will be valid during my period of employment with Tender Loving Family Care, Inc. and hereby authorize test results to be released to Tender Loving Family Care, Inc.*

*Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**DOH CHRC 102 (1/07) NYS Department of Health**  
**ACKNOWLEDGEMENT AND CONSENT FORM FOR FINGERPRINTING AND DISCLOSURE OF CRIMINAL HISTORY RECORD INFORMATION**  
**THIS FORM IS TO BE RETAINED BY THE AGENCY- DO NOT FORWARD TO THE DOH CHRC UNIT.**  
[chrc@health.state.ny.us](mailto:chrc@health.state.ny.us)

**The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.**

**SECTION 1 – SUBJECT INDIVIDUAL INFORMATION**

LAST Name	FIRST Name	M.I.	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name	Alias: AKA	
Mailing Address (street)	City	State	Zip

**SECTION 2 - ATTESTATION**

1. I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as 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 check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).

2. I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.

3. I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary to be provided to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, as maintained by DCJS or the FBI, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. I have been advised that by law, DOH is authorized and may be required to provide the results of the criminal history record check through a criminal history record summary to the agency. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. 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.

4. I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.

5. I have been informed of the procedures and my rights to obtain review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI.

6. I understand that 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.

7. I certify to the best of my knowledge and belief that I (check as appropriate):

**Have**    **Have not been convicted of a crime in New York State or any other jurisdiction**  
 **Do**      **Do not have a final finding of patient or resident abuse**

If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

\_\_\_\_\_

8. My current mailing or home address is indicated in Section 1 of this form.

9. I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own (not applicable for Expedited Review submitted pursuant to CHRC Form 104).

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

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 (if subject individual is under 18 years of age)

**SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION**

Agency Name: Tender Loving Family Care, Inc.	PFI/Operating License Number: 1850 L-001 & 1850 L-002
Print Name of Authorized Person:	Title:
Signature of Authorized Person:	Date:



**For office use only:**

Date application received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Entered into HT \_\_\_\_\_

Date applicant contacted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interview Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ Entered into HT \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position offered: \_\_\_\_\_ No hire letter sent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Orientation Letter/Info Mailed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rate of Pay Offered: \_\_\_\_\_

**Only after position has been offered:**

Height: \_\_\_\_\_' \_\_\_\_\_" Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_

Place of birth (country) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Required Dates discussed? Y or N

A 1 2 3 4 5 6 7 8 9 10

C 1 2 3 4 5 6 7 8 9 10

F 1 2 3 4 5 6 7 8 9 10