



256 MAIN ST. SUITE 1109, NORTHPORT NY, 11768
 Tel. (631) 651-2778 Fax. (631) 261-5750

Application for Employment

Name: _____

Present address: _____
 Street Apt.# City State Zip

Permanent address: _____
 Street Apt.# City State Zip

Home Phone #: _____ Cell Phone #: _____

Do you receive text messages: Yes No Email: _____

If you are under 18, can you furnish a work permit? Yes No

Employment desired Full Time Part Time Live-in Per-Diem

Position applying for: _____ Date you can start: _____

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Ever applied for this company before? Yes No Where: _____ When: _____

Are you on layoff and subject to recall? Yes No. Will you travel if required? Yes No

Will you relocate if job requires it? Yes No. Will you work overtime if required? Yes No

Are you able to meet the attendance requirements of this position? Yes No.

Have you taken care of a Hospice patient? Yes No. If yes, how many years: <1 1-3 >3

Are you willing to take care of a Hospice patient? Yes No.

In case of Emergency notify: _____

Address Relationship Phone Number

Education		Name and location of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				



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Education		Name and location of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Prior Schooling				

Current/Prior Jobs:

Date Month and Year	Name and address of employer	Salary	Job Title	Reason for Leaving
From:				
To:				
From:				
To:				

Summarize special skills and/or qualifications acquired from prior employment or other experiences that may qualify you to work with this company:

References: Give the names of two persons not related to you to whom you have known at least 1 year:

Name	Address	Phone	Yrs acquainted

List any foreign language(s) and check the box that best describes your skill level:

Language	Read and write	Read and speak	Speak only



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Were you referred to us by someone, if so who: _____

Conditions of Employment including but not limited to the following, please read carefully:

Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company.

By signing below you agree that you have read and understand the above Conditions of Employment. You also agree that all the information you provided in this application are true and accurate.

Signature of Applicant

Date

AGENCY MANAGEMENT NOTES :
