

Neighbors NY, Inc.

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name			Date		
Street Address			Date of Birth		
City		State	Zip	Social Security Number	
Home Phone	Cell Phone		Email		
Have you ever been convicted of a felony? _____ Yes _____ No					
If so, please provide details:					

Transportation Many caregiver positions require the caregiver to transport a client. Are you willing to use client's vehicle? _____ Are you willing to use your personal vehicle? _____					
Do you have dependable transportation? _____ Yes _____ No			Make and model of car		
License plate #	Driver's License #		Auto Insurance Policy #		
Insurance Company	Insurance Agent Name		Insurance Agent Phone		

Availability			
Number of hours/week you prefer to work	Times available to work	Times NOT available to work	Can you be called at the last minute in emergencies? _____ Yes _____ No

Emergency Contact	
Contact Name	Phone
Address	Relationship

Education

High School	City/State	Dates	Graduate?/Degree
-------------	------------	-------	------------------

College	City/State	Dates	Graduate/Degree
---------	------------	-------	-----------------

Other	City/State	Dates	Graduate/Degree
-------	------------	-------	-----------------

Special skills, courses, or certificates:

Experience

Discuss any training or experience working with the elderly:

What would you like most about working with the elderly?

Do you have any records or certificates of qualification for Personal Care or Companion Care? Is so, please note below and provide copies to interviewer.

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors and whether you would or would not be willing to do them in the future.

TASK	PERFORMED?	WILLING?	TASK	PERFORMED?	WILLING?
Companion-ship	___ Yes ___ No	___ Yes ___ No	Clean Kitchen	___ Yes ___ No	___ Yes ___ No
Bathing/dressing	___ Yes ___ No	___ Yes ___ No	Bed Linen Changes	___ Yes ___ No	___ Yes ___ No
Grooming	___ Yes ___ No	___ Yes ___ No	Laundry	___ Yes ___ No	___ Yes ___ No
Incontinence	___ Yes ___ No	___ Yes ___ No	Grocery Shopping	___ Yes ___ No	___ Yes ___ No
Transfer Assist	___ Yes ___ No	___ Yes ___ No	Cooking	___ Yes ___ No	___ Yes ___ No
Vacuuming	___ Yes ___ No	___ Yes ___ No	Driving	___ Yes ___ No	___ Yes ___ No
Clean Bathrooms	___ Yes ___ No	___ Yes ___ No	Medication Reminders	___ Yes ___ No	___ Yes ___ No

Employment History

Please go back at least five years and tell us about your work history. Use reverse side if additional space is required. If you were unemployed during any of the last five years, please list the dates and a brief explanation (for example, stayed home with children, traveled, took care of parents, etc.). Please include your resume, if you have one.

May we contact your present employer? Yes No Don't have one

Company Name	Address	From/To
--------------	---------	---------

Job Title	Reason left
-----------	-------------

Duties

Supervisor Name	Phone
-----------------	-------

Company Name	Address	From/To
--------------	---------	---------

Job Title	Reason left
-----------	-------------

Duties

Supervisor Name	Phone
-----------------	-------

Company Name	Address	From/To
--------------	---------	---------

Job Title	Reason left
-----------	-------------

Duties

Supervisor Name	Phone
-----------------	-------

Company Name	Address	From/To
--------------	---------	---------

Job Title	Reason left
-----------	-------------

Duties

Supervisor Name	Phone
-----------------	-------

Business References: List at least three.

Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Personal References: List at least three.

Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

For Office Use Only—Interviewer Comments