



Home Care of Western New York, LLC

P.O. Box 10038 Rochester, NY 14610 | (585) 729-7078

APPLICATION FOR EMPLOYMENT AS HOME COMPANION: Date: _____

Please complete all sections thoroughly, accurately and truthfully. Print neatly, using only blue or black ink. Incomplete applications will not be considered.

Name of applicant: (first) _____ (middle) _____ (last) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Home address: _____

Chronologically list all Home Addresses for past 10 years, listing most recent address first (May continue on back of this page):

Mailing address (if different from current home address):

Phone numbers including area codes: (Home) _____, (Cell) _____

E-mail address: _____

Are you a citizen of the USA (check one)? Yes _____ No _____

If you are not a citizen of the USA, do you have required government documentation granting you permission to work in the USA? Yes _____ No _____

Educational Background: (Please list most recent first, number of years attended and name all diplomas/degrees received.)

High School: names & addresses: _____



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College/University: names & addresses: _____

Employment History: (Please list most recent employer first.)

Company 1- Name: _____ Ending wage: _____

Position(s): _____ Dates: (___ - ___ - ___) to (___ - ___ - ___)

Full Address: _____

List names of all immediate supervisor(s): _____

Company Phone Number: _____ HR E-mail address: _____

Reason for leaving: _____

May we contact this employer regarding your employment information? Yes _____ No _____

Company 2- Name: _____ Ending Wage: _____

Position(s): _____ Dates: (___ - ___ - ___) to (___ - ___ - ___)

Full Address: _____

List names of all immediatesupervisor(s): _____

Company Phone Number: _____ HR E-mail address: _____

Reason for leaving: _____

May we contact this employer regarding your employment information? Yes _____ No _____



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Company 3- Name: _____ **Ending wage:** _____

Position(s): _____ **Dates:** (____-____-____) to (____-____-____)

Full Address: _____

List names of all immediate supervisor(s): _____

Company Phone Number: _____ **HR E-mail address:** _____

Reason for leaving: _____

May we contact this employer regarding your employment information? Yes _____ No _____

Company 4- Name: _____ **Ending wage:** _____

Positions(s): _____ **Dates:** (____-____-____) to (____-____-____)

Full Address: _____

List names of all immediate supervisor(s): _____

Company Phone Number: _____ **HR E-mail address:** _____

Reason for leaving: _____

May we contact this employer regarding your employment information? Yes _____ No _____

List 3 Personal References:

Reference 1- Name: _____ **E-mail:** _____

Nature of Relationship: _____ **Years of association:** _____

Home Address: _____

Phone: W- _____ **H-** _____ **C-** _____

Home Care of Western New York, LLC is an equal opportunity employer, dedicated to the policy and practice of non-discrimination in employment on the basis of race, color, ethnicity, creed, age, gender, religion, disability, medical condition, veteran status, marital status or sexual orientation.



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Reference 2- Name: _____ E-mail: _____

Nature of Relationship: _____ Years of association: _____

Home Address: _____

Phone: W- _____ H- _____ C- _____

Reference 3- Name: _____ E-mail: _____

Nature of Relationship: _____ Years of association: _____

Home Address: _____

Phone: W- _____ H- _____ C- _____

Other relevant work/volunteer/training experience: _____

Availability for work (days/hours): _____

Are you able to lift 40 pounds of dead weight? _____ Desired number of hours per week: _____

Have you ever been convicted of a crime, excluding convictions for minor traffic violations, but including any DUI/DWI? Yes _____ No _____ If yes, please provide details: _____

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Do you have a valid New York State Driver's License? _____ NYS Driver's License ID#: _____

List any traffic convictions within the last three years: _____

Certification and Release: Please initial and date each section below.

I have personally completed this application. All information I have provided in this application is complete, accurate and truthful to the best of my knowledge. I understand that any false information, omissions, or factual misrepresentation in this application will be sufficient cause for my application being rejected and for immediate termination of my employment whenever it is discovered. _____

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I hereby authorize Home Care of Western New York, LLC and/or its agents, including but not limited to consumer credit reporting bureaus, to fully investigate my criminal history, motor vehicle records and consumer credit history. _____

I also grant permission to Homecare of Western New York, LLC to contact all personal references and employers listed (except those I said "no" to in this application) listed in this application. _____

I authorize all personal references, educational institutions, past and present employers, and law enforcement authorities to release any information regarding my background and hereby release any said people, educational institutions, employers and law enforcement authorities from any and all liability for any damage whatsoever due to releasing this information. _____

In addition, I understand that the use of illegal drugs/substances is prohibited during employment. I am willing to undergo drug testing, to detect the use of illegal drugs, prior to employment and random drug testing during employment. _____

I understand that if I am hired I am free to resign at any time, with or without cause and without prior notice, and Home Care of Western New York, LLC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. _____

Applicant signature: _____ **Date:** _____

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