



## Employment Application For Office Use Only

Date of Application: \_\_\_\_\_

Date Available to Start \_\_\_\_\_

DOH: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

*Century Homecare, LLC is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.*

### Application Employment Preferences

Position Applying For: \_\_\_\_\_

 Per Diem. # of Hours: \_\_\_\_\_
  Part Time #of Hours: \_\_\_\_\_
  Full Time # of Hours: \_\_\_\_\_

Availability: Check all that you could work

Days:  Mon  Tue  Wed  Thu  Fri  SatHours  Day Hours 8-5  Evening (5-9)  Nights (9pm-Midnight)  Overnights  Live-In

### Application Demographic Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

SS Number (Last 6 digits) XXX-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Are you at least 18 years old?  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Language skills other than English (written/spoken) \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, when? \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Employment Eligibility

Are you legally eligible for employment in the US?  Yes  NoIf not a US citizen: Do you have a green card?  Yes  NoDo you have a social security card?  Yes  NoHas your visa expired?  Yes  No

**Referral Information -- How did you hear about us? (Please check)**

- Newspaper Ad. Which Newspaper \_\_\_\_\_
- Internet. Which Website \_\_\_\_\_
- Current Employee. What is their name (we'd like to thank them): \_\_\_\_\_
- Other \_\_\_\_\_

**Employment History (Please begin with your most recent or current place of employment.)**

<b>1</b>	Place of Employment: _____ Address: _____ City _____ State _____ Zip Code _____ Position _____ Start Date: _____ End Date _____ Supervisor _____ Reason for Leaving _____
<b>2</b>	Place of Employment: _____ Address: _____ City _____ State _____ Zip Code _____ Position _____ Start Date: _____ End Date _____ Supervisor _____ Reason for Leaving _____
<b>3</b>	Place of Employment: _____ Address: _____ City _____ State _____ Zip Code _____ Position _____ Start Date: _____ End Date _____ Supervisor _____ Reason for Leaving _____

**Education History**

Education Level	Institution	Course of Study	Years completed	Graduation (m/y)
High School				
College				
Other				
Other				

**Military Service**

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
 Highest Rank Achieved: \_\_\_\_\_ Currently in a Reserve Unit?  Yes  No  
 Special Schooling and/or Duties: \_\_\_\_\_

**Professional Licenses and Certificates**

	License or Certification	ID Number	Expiration Date	State
1				
2				
3				
4				

**Criminal History**

Have you ever been convicted of violating any law that would prohibit you from working in the healthcare field? (Please omit minor traffic violations.)     Yes     No    If yes, please list conviction(s), date(s) and location(s).

\_\_\_\_\_

*The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes.*

I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Candidate Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Current or Previous Employment Reference Form

### Name and Address of Previous Employer #1 for Reference

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant Information

The individual listed below has applied for a position with Century Homecare, LLC

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

The position being applied for is: \_\_\_\_\_

### Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

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

### Name and Address of Previous Employer #2 for Reference

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant Information

The individual listed below has applied for a position with Century Homecare, LLC

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

The position being applied for is: \_\_\_\_\_

### Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

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



CHAPTER 6, § 172 C CORI REQUEST FORM

Century Homecare LLC has been certified by the Criminal History Systems Board to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have and direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE (unless otherwise preempted by law)

\_\_\_\_\_

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: SOCIAL SECURITY NUMBER (Last 6 digits): XXX- -

ID theft Index PIN (if applicable)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER ADDRESSES:

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

SEX: HEIGHT: WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER: (include state of issue)

\* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: SIGNATURE OF CORI AUTHORIZED EMPLOYEE

- The CHSB Identify Theft Index PIN is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
- All CORI request forms that include this field are required to be submitted to the CHSB via mail



## EMPLOYEE AVAILABILITY

Employee Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Availability effective as of \_\_\_\_\_

Please indicate the time you are available to work.

	Morning 6 am – 9 am	Daytime 9 am – 4 pm	Evening 4 pm – 7 pm	Twilight 7 pm – 11 pm	Overnight 11 pm – 6 am
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HHA Only

I am willing to work anywhere within: (enter preferences)

\_\_\_\_\_ Miles of City \_\_\_\_\_  
 \_\_\_\_\_ Miles of City \_\_\_\_\_  
 \_\_\_\_\_ Miles of City \_\_\_\_\_  
 \_\_\_\_\_ Miles of City \_\_\_\_\_  
 \_\_\_\_\_ Miles of City \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_