



Fax: (518) 722 -0270

Email: [hr@cdhagency.com](mailto:hr@cdhagency.com)

<b>EMPLOYMENT APPLICATION</b>							
<b>DATE OF APPLICATION:</b>		<b>DATE AVAILABLE:</b>					
<b>AVAILABILITY: CHECK ALL THAT YOU ARE WILLING TO WORK</b>							
<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN	
Evening (5-9P)		Nights (9P-12MN)		Overnights			
<b>POSITION APPLYING FOR:</b>							
<b>TYPE OF EMPLOYMENT DESIRED:</b>				Per Diem	Number of Hours:		
				Part Time	Number of Hours:		
				Full Time	Number of Hours:		
<b>APPLICANT NAME:</b>							
<b>LAST:</b>				<b>FIRST:</b>			<b>MI:</b>
<b>MAILING ADDRESS:</b>							
<b>STREET:</b>				<b>CITY:</b>			
<b>STATE:</b>				<b>ZIP:</b>			
<b>PHONE:</b>	<b>CELL:</b>			<b>WORK:</b>			
<b>EMAIL:</b>							
<b>LANGUAGE SKILLS OTHER THAN ENGLISH: written/spoken</b>							
<b>HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?</b>				YES	NO		
<b>HOW DID YOU HEAR ABOUT US? Check as applies</b>							
Internet	Newspaper AD	Employee	OTHER:				
<b>EMERGENCY CONTACT INFORMATION</b> <i>Please Print Clearly</i>							
<b>NAME:</b>				<b>PHONE:</b>			
<b>RELATIONSHIP:</b>							
<p><b>Our agency 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.</b></p>							



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EMPLOYMENT APPLICATION Page 2 of 2				
<b>Employment History - Please begin with your most recent or current place of employment.</b>				
<b>1. COMPANY:</b>			<b>START DATE:</b>	
<b>ADDRESS:</b>				
<b>POSITION:</b>			<b>PHONE:</b>	
<b>SUPERVISOR:</b>			<b>FINAL SALARY:</b>	
<b>REASON FOR LEAVING:</b>				
<b>2. COMPANY:</b>			<b>START DATE:</b>	
<b>ADDRESS:</b>				
<b>POSITION:</b>			<b>PHONE:</b>	
<b>SUPERVISOR:</b>			<b>FINAL SALARY:</b>	
<b>REASON FOR LEAVING:</b>				
<b>3. COMPANY:</b>			<b>START DATE:</b>	
<b>ADDRESS:</b>				
<b>POSITION:</b>			<b>PHONE:</b>	
<b>SUPERVISOR:</b>			<b>FINAL SALARY:</b>	
<b>REASON FOR LEAVING:</b>				
<b>EDUCATION:</b>	<b>NAME</b>	<b>COURSE OF STUDY</b>	<b>YRS COMPLETED</b>	<b>DATE GRADUATED</b>
High School				
College:				
OTHER:				
OTHER:				
<b>MILITARY SERVICE:</b>	<b>BRANCH:</b>	<b>DATES:</b>		
Highest Rank Achieved:		Currently in a Reserve Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Schooling/Duties:				
<b>LICENSE/CERTIFICATIONS</b>	<b>NAME:</b>	<b>ID NO:</b>	<b>Expires:</b>	<b>STATE:</b>
<b>CRIMINAL HISTORY:</b>	By my signature below, I acknowledge/consent to a criminal check on my name.			
Have you ever been convicted of violating any law? (Please omit minor traffic violations.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please list conviction(s)/date(s)/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.				
<b>EMPLOYEE CANDIDATE SIGNATURE:</b>				
<b>DATE:</b>				



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**REFERENCE FORM #1**

<b>AGENCY NAME:</b>				
<b>ADDRESS:</b>				
<b>PHONE:</b>				
The individual listed below has applied for a position with (Agency Name)				
<b>Applicant Name:</b>				
<b>Social Security #:</b>				
<b>Position Applied For:</b>				
<b>APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION</b>				
I hereby give permission for my previous employer to release this information about my position with their company and comment regarding my work ethic and character while in their employ.				
<b>Applicant's Signature:</b>			<b>Date of Signature:</b>	
<b>THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE</b>				
<b>Employment Dates:</b>		<b>From:</b>	<b>To:</b>	<b>POSITION:</b>
<b>Reason for Separation:</b>				
<b>Would You Rehire:</b>		If no, why?		
Since this applicant has provided your company as a former employer, we would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar reference for you.				
<b>EVALUATION</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
<b>OVERALL RATING</b>				
<b>COMMENTS:</b>				
<b>Signature of Reference:</b>			<b>Date:</b>	
Capital District Home Care Agency 160 Osborne Road Colonie, NY 12205-1934 Phone: (518) 722 – 0277   Fax: (518) 722 -0270   Email: <a href="mailto:hr@cdhcagency.com">hr@cdhcagency.com</a> ** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.				



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**REFERENCE FORM #2**

<b>AGENCY NAME:</b>				
<b>ADDRESS:</b>				
<b>PHONE:</b>				
The individual listed below has applied for a position with (Agency Name)				
<b>Applicant Name:</b>				
<b>Social Security #:</b>				
<b>Position Applied For:</b>				
<b>APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION</b>				
I hereby give permission for my previous employer to release this information about my position with their company and comment regarding my work ethic and character while in their employ.				
<b>Applicant's Signature:</b>			<b>Date of Signature:</b>	
<b>THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE</b>				
<b>Employment Dates:</b>		<b>From:</b>	<b>To:</b>	<b>POSITION:</b>
<b>Reason for Separation:</b>				
<b>Would You Rehire:</b>		If no, why?		
Since this applicant has provided your company as a former employer, we would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar reference for you.				
<b>EVALUATION</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
<b>OVERALL RATING</b>				
<b>COMMENTS:</b>				
<b>Signature of Reference:</b>			<b>Date:</b>	
<p>Capital District Home Care Agency 160 Osborne Road Colonie, NY 12205-1934          Phone: (518) 722 – 0277   Fax: (518) 722 -0270   Email: <a href="mailto:hr@cdhcagency.com">hr@cdhcagency.com</a>          ** If reference was contacted by phone, agency staff will document &amp; sign/date encounter on backside of this page.</p>				