

**AT HOME CARE, Inc. APPLICATION for EMPLOYMENT**  
 297 Main St. Oneonta, NY 13820 Phone 1-800-783-0613 / Fax 607-432-5836  
[www.ahcnys.org](http://www.ahcnys.org)

**PERSONAL DEMOGRAPHIC INFORMATION** (Please Print)

DATE \_\_\_\_\_

COMPLETE NAME \_\_\_\_\_

SS# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS (if different) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITIZENSHIP Citizen of USA \_\_\_ Yes \_\_\_ No Naturalized \_\_\_ Yes \_\_\_ No

**PROFESSIONAL LICENSURE**

\_\_\_\_\_ AHC VERIFICATION/ initial/date

List all professional licenses and certificates:

License/Certificate #	Issued By:	Date of Expiration

**BACKGROUND INQUIRY:**

Have you ever been under investigation for unprofessional conduct? \_\_\_ Yes \_\_\_ No

If yes, in what state, and please explain: \_\_\_\_\_  
 \_\_\_\_\_

**NYS DEPARTMENT OF MOTOR VEHICLES**

License # \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

Other than minor traffic violations, do you have any other convictions on your driver's license? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted for a criminal act? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been terminated from a health care position for alleged or proven fraudulent activity? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**How did you hear about At Home Care:** (circle one that applies) Newspaper (which one) \_\_\_\_\_ **Radio** \_\_\_\_\_  
Employee (who) \_\_\_\_\_ **Other** \_\_\_\_\_

**EMPLOYMENT DESIRED: Position:** \_\_\_\_\_

Full time or Per Diem: \_\_\_\_\_ Date available to begin employment: \_\_\_\_\_

Desired rate of pay: \_\_\_\_\_ hour / annual

Are you employed now? \_\_\_ Yes \_\_\_ No What is your current rate of pay? \_\_\_\_\_ hour / annual

May we inquire of your present employer? \_\_\_\_\_

Ever applied to this agency before? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YRS. ATTENDED	DATE GRAD.	MAJOR	DIPLOMA/ DEGREE

**MOST RECENT EMPLOYMENT HISTORY:**

DATES EMPLOYED (Month / Year)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

**REFERENCES:** Below, please provide the name, title & complete address of three persons *not related to you, at least (2) of whom are current professional references, including \*\*\* at least (1) present supervisory reference, no personal references please.*

NAME / TITLE	ADDRESS – Street #, City, State and Zip Code	BUSINESS	YRS. ACQUAINTED
***			

**PHYSICAL RECORD:** Have you had a physical exam within past 12 months? \_\_\_\_ Yes \_\_\_\_ No

**DISCLOSURE(S) NOTICE TO APPLICANTS:**

- The age discrimination in employment act prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age
- At Home Care, Inc. is an equal opportunity employer

**AUTHORIZATION:**

I authorize investigation of all statements contained in this application. All information provided on this, or in connection with this, application is complete and accurate to the best of my knowledge. Breach of such warrants the grounds for immediate termination. I understand that this application does not entitle me to employment at At Home Care, Inc. and is subject to verification and approval. I authorize At Home Care, Inc. to consult with and inspect all documents from individuals and organizations having information bearing on my qualifications. I agree that At Home Care, Inc., its representatives, owners and employees providing information in good faith pursuant to this release shall not be liable for any act or omission related to the evaluation of verification of information contained in this application. I agree to notify At Home Care, Inc. in a timely manner of any change to the information requested by this application. Further, I understand and agree that my employment is for not for any definite period and may be terminated at any time without any previous notice.

A criminal background verification is conducted on all applicants for employment *prior* to hire at At Home Care, Inc. Signature on the attached document verifies that applicant understands and authorizes At Home Care, Inc. to conduct such inquiry. In addition, urine drug screening is required of all new employees. Based upon the outcome of this inquiry, and all other verifications, At Home Care, Inc. management retains the right to determination of hire.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Application Review by Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**

(Revised 11/08)