APPLICATION FOR EMPLOYMENT

Classen Home Health Association, Inc.
222 Elmira Road, Suite 3
Ithaca, NY 14850
Phone (607) 277-1342
Fax (607) 272-4611

Date_____

PERSONAL INFORMATION

Name: _____ Social Security #: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: ( ) Cell Phone: ( ) Referred by:

Name & relationship of any relatives in our employ:

email:

EMPLOYMENT DESIRED

Position: Date you can start: Salary desired:

Are you currently employed? May we contact your employer?

Have you ever worked for a: ☐ Home Care Agency? ☐ Hospital? ☐ Nursing Home? ☐ Other _____

Where? When?

How many hours per week you would prefer to work: ☐ 10-20 ☐ 20-30 ☐ 30-40 ☐ 40+ *Use back for more details!*

Would you prefer: ☐ Days ☐ Evenings ☐ Overnights ☐ Weekends ☐ No preference *Use back for more details!*

EDUCATION

CERTIFICATIONS:
Type Received from Type Received from

School	Name Location	Graduated?		Degree
		Yes	No	
High School				
College				
Other (Specify)				

Are you a U.S. citizen? Yes_____ No_____
Are you authorized to work in the US? Yes_____ No_____
Have you ever been arrested? Yes_____ No_____

Do you have a valid Driver's License? Yes_____ No_____
Do you own a car? Yes_____ No_____

Printed Name:

EMPLOYMENT HISTORY

List your last four employers, starting with the present or most recent

Month / Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

PROFESSIONAL WORK REFERENCES

Provide the names of three PROFESSIONAL references not related or living with you, whom you have known at least one year:

Name	Address / Phone	Business	Yrs. Known
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: Name: Relationship:

Address: Phone:

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signed: Date:

NOTES & MISCELLANEOUS

I can work:

	Days	Evenings	Over-Nights
Mon			
Tues			
Wed			
Thur			
Fri			
Sat			
Sun			

Notes: