

**COMMUNITY CARE OF WESTERN NEW YORK, INC.**  
***HomeCare & Hospice***

1225 West State Street  
Olean, NY 14760  
(716) 372-2106  
Fax (716) 372-4635  
www.HomeCare-Hospice.org

450 North Main St.  
Warsaw, NY 14569  
(585) 786-7879  
Fax (585) 786-7888

Thank you for your interest regarding employment with HomeCare & Hospice. At HomeCare & Hospice, we provide the elderly, chronically ill, developmentally disabled, and persons facing life-limiting illness with health care services, primarily in their home environment.

**MINIMUM JOB REQUIREMENTS**

- **YOU MUST POSSESS A CURRENT DRIVER'S LICENSE**
- **HAVE THE USE OF A CAR DURING WORKING HOURS**

THERE IS NO GUARANTEE OF A JOB OFFER OR JOB INTERVIEW. Please note that many positions may be part time or per diem unless specifically stated as full time.

**HOW DID YOU HEAR ABOUT US? Please provide specifics.**

- Newspaper \_\_\_\_\_
- Radio \_\_\_\_\_
- TV \_\_\_\_\_
- Pennysaver \_\_\_\_\_
- Employee \_\_\_\_\_
- Friend \_\_\_\_\_
- Government Agency \_\_\_\_\_
- Web Site \_\_\_\_\_
- Other \_\_\_\_\_

*Thank you again for your interest regarding employment with  
HomeCare & Hospice.*

- 1225 West State St., Olean, NY 14760  
(716) 372-5735 Fax: (716) 372-4635
- 450 North Main St., Warsaw, NY 14569  
(585) 786-7879 Fax: (585) 786-7888
- 550 E. Main St., Batavia, NY 14020  
(585) 343-7596 Fax: (585) 343-7629



- 11634 Route 16, Delevan, NY 14042  
(716) 492-0604 Fax: (716) 492-0473
- 211 Erie St., Little Valley, NY 14755  
(716) 938-6097 Fax: (716) 938-6394
- 118 N. Main St., Wellsville, NY 14895  
(585) 593-7600 Fax: (585) 593-0941

LAST	FIRST	MIDDLE	Home Telephone
STREET ADDRESS		CITY	STATE
MAILING ADDRESS (IF DIFFERENT)			ZIP CODE
PREVIOUS ADDRESS(S) IF AT CURRENT LESS THAN 5 YEARS			How long at Present Address?
Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, What Branch? _____ Discharge Date _____			
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, when _____		POSITION APPLYING FOR:	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> FT (35 hrs/wk) <input type="checkbox"/> PT (17.5 hrs/wk) <input type="checkbox"/> Per Diem Number of hrs. _____			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ (Conviction will not necessarily disqualify an applicant from employment)			
Do you have the use of an auto during working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION:**

High School Graduate:  Yes  No If no, highest grade completed: \_\_\_\_\_ GED \_\_\_\_\_

High School: \_\_\_\_\_ College: \_\_\_\_\_ Degree \_\_\_\_\_

Additional Education/Training: \_\_\_\_\_

Certification/Licensing: \_\_\_\_\_

**EMPLOYMENT HISTORY/WORK REFERENCES/PERSONAL REFERENCES**

List Last Three Employers. Complete names and addresses and zip codes are required. **Application will not be processed without complete information.**

If you do not have 3 former employers listed below, please list 2 persons that we may contact as personal references if needed (preferably present or former co-workers and/or instructors)

Please provide accurate, complete full time and part time employment data. Start with your present or most recent employer. Attach additional sheets if needed/desired. A resume may be attached as an additional document, but may not be substituted unless it includes all information requested below, including salary history. Application must be signed.

1. Company/Name _____	Telephone ( ) _____
Address _____	Employed (Month and Year)
_____	From _____ To _____
Supervisor _____	Hourly Pay/Salary _____
Job Title and Brief Description of Your Work _____	Reason for Leaving _____
_____	Full Time or Part Time _____
May we contact for reference? Yes _____ No _____	Average Hours _____

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2. Company/Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed (Month and Year)  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Hourly Pay/Salary \_\_\_\_\_  
 Job Title and Brief Description of Your Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_  
 May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Average Hours \_\_\_\_\_

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3. Company/Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed (Month and Year)  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Hourly Pay/Salary \_\_\_\_\_  
 Job Title and Brief Description of Your Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_  
 May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Average Hours \_\_\_\_\_

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**I certify that the above and any attached statements/information are true and that any omission or misrepresentation of fact on this application will be sufficient cause for exclusion from further consideration or for discharge if hired. I understand that HomeCare & Hospice cannot guarantee hours for hourly or per diem staff. I understand that no employee is hired for a definite period of time and employment may be terminated by the employee or the employer at any time with or without notice and with or without cause.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: YOU MUST SIGN AND DATE THE ATTACHED AUTHORIZATION FOR RELEASE OF INFORMATION. DO NOT REMOVE THE SIGNED AUTHORIZATION. THE AGENCY WILL PROCESS AND MAIL REFERENCES.**

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**OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ References (Mailed \_\_\_\_\_ Faxed/Phoned \_\_\_\_\_)

**REFERENCES SENT**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Personal 1. \_\_\_\_\_ Personal 2. \_\_\_\_\_

**REFERENCES RECEIVED**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Personal 1. \_\_\_\_\_ Personal 2. \_\_\_\_\_

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**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize present and former employers, educational institutions, licensing entities, and/or any person who has knowledge of my character, work experience, criminal records, motor vehicle records to release this information to HomeCare & Hospice. This authorization releases the parties involved from any liability arising from the exchange of information regarding my qualifications or employment history. I understand that this authorization will be duplicated and sent with each reference request.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Please print)

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

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

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TO: \_\_\_\_\_ Thank you. \_\_\_\_\_  
Human Resources Department

Please complete the following section:  Work Reference  Education Reference  Personal Reference

**WORK REFERENCE**

Name while employed \_\_\_\_\_ Position \_\_\_\_\_

Employment dates From \_\_\_\_\_ To \_\_\_\_\_ Full or Part Time \_\_\_\_\_ Approx Avg hrs/wkly \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you rehire?  Yes  No Explanation \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION REFERENCE**

Name while attending \_\_\_\_\_ Graduated?  Yes  No

Degree/course/certification \_\_\_\_\_ Completion Date \_\_\_\_\_

Please comment on applicant's performance \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL REFERENCE**

How well do you know the applicant?  Slightly  Well  Very Well Years Known \_\_\_\_\_

1. Based on your knowledge, is the applicant reliable?  Yes  No Trustworthy?  Yes  No

2. Have you been in contact with the applicant in the last 12 months?  Yes  No

3. Relationship to applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## **OFFERS OF EMPLOYMENT**

Our general practice, unless specifically invited by the applicant, is that we do not contact current employers until after an offer of employment is made and accepted. At that time, we will contact your current employer to verify employment status, dates of employment, and to obtain related reference information. If conflicting and/or negative information is received from your current and/or previous employers, the offer of employment may be rescinded.

All positions require a criminal background check (local, state(s), and/or federal). Criminal convictions will be reviewed based on relevance to the position and applicable state/federal regulations and may result in the offer being rescinded or termination of employment.

Employment offers are subject to the individual receiving and passing a pre-employment physical in accordance with position requirements. PPD skin test and proof of vaccinations in accordance with company policy and/or applicable state and federal laws are also required.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Please Print)

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



COMMUNITY CARE OF WESTERN NEW YORK, INC.  
**Invitation to Self-Identify**



RETURN TO THE HUMAN RESOURCES DEPARTMENT  
 1225 W. State St. Olean NY 14760

Community Care of Western New York, Inc. invites all applicants to voluntarily self identify. You are not required to complete this information and refusal will not result in any adverse treatment. The information provided on this form is collected to be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Americans with Disabilities Act, and Executive Order 11246. It will not be maintained with your employment application materials nor be a part of any personnel file. The information is considered confidential and will be used by Community Care of Western New York's human resources department for the sole purpose of compliance with laws and regulations. The information will be protected against misuse by others.

Name: \_\_\_\_\_  
 (please print)

Date: \_\_\_\_\_

1. GENDER

Male  Female

2. RACE/ETHNICITY

Please check one space below which best describes your racial or ethnic group:

<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Two or More Races

3. DISABILITY

A. A handicap or disability means any physical or mental impairment, which causes you difficulty in securing, retaining, or advancing in employment. Please check one word below which best describes your disability, if any:

<input type="checkbox"/> Visual	<input type="checkbox"/> Developmental
<input type="checkbox"/> Hearing	<input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Speech	
<input type="checkbox"/> Physical	<input type="checkbox"/> None

B. Please indicate whether you will need special accommodations during the interview process.

Yes  No If yes, please describe: \_\_\_\_\_

4. VETERAN STATUS

A. Are you a disabled veteran?  Yes  No

B. Are you a Vietnam Era Veteran (between August , 1964, and May 7, 1975)?

Yes  No If yes, date of discharge? \_\_\_\_\_

Signature \_\_\_\_\_