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

SOME JOB POSTIONS REQUIRE:

- YOU HAVE A CURRENT DRIVER’S LICENSE
- YOU 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 ____________________________
☐ Department of Labor ____________________________
☐ Agency Web Site ____________________________
☐ On-line Employment Site ____________________________
☐ Other ____________________________

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

This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).
LAST  FIRST  MIDDLE  Home Telephone

STREET ADDRESS  CITY  STATE  ZIP CODE

MAILING ADDRESS (IF DIFFERENT)  E-Mail Address  How long at Present Address?

PREVIOUS ADDRESS(S) IF AT CURRENT LESS THAN 5 YEARS  Other Names Known As

Are you a Veteran?  YES  NO  If YES, What Branch?__________________________  Discharge Date ________________

Have you ever been employed here before?  YES  NO  If yes, when ______________

Are you legally eligible for employment in the United States?  YES  NO

Have you ever applied for employment with us before?  YES  NO

Availability:  DAYS  EVENINGS  NIGHTS  FT (35 hrs/wk)  PT (17.5 hrs/wk)  PER DIEM  Number of hrs. ___________

Have you ever been convicted of a crime?  YES  NO  If yes, please explain: ____________________________________________

Do you have the use of an auto during working hours?  YES  NO

Possess a valid driver’s license?  YES  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.

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 ____________________________________________________
   From __________ To ____________  Hourly Pay/Salary ____________
   Supervisor ________________________________________________
   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 __________

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)
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. I understand I may be subject to random or suspicion based alcohol and/or drug testing at anytime during my employment with Community Care of WNY, Inc.

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.

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 __________________________

Other Names Applicant has been known as: ______________________________________________________

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

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 __________

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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
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:__________________________________________ Date:_________

(please print)

1. GENDER
   ___ Male
   ___ Female

2. RACE/ETHNICITY
   Please check one space below which best describes your racial or ethnic group:
   ___ White
   ___ Black or African American
   ___ Hispanic/Latino
   ___ Asian
   ___ Native Hawaiian/ Other Pacific Islander
   ___ American Indian/Alaskan Native
   ___ 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:
      ___ Visual
      ___ Hearing
      ___ Speech
      ___ Physical
      ___ Developmental
      ___ Other (please describe) ________________________________
      ___ 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 5, 1964, and May 7, 1975)?
      ___ Yes ___ No  If yes, date of discharge? ________________

   Signature ________________________________