

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

1225 West State Street
Olean, NY 14760
(716) 372-2106
Fax (716) 372-1148

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

www.HomeCare-Hospice.org

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).
HR 5/2013

- 1225 West State St, Olean, NY 14760
(716) 372-5735 Fax: (716) 372-1148
- 450 North Main St, Warsaw, NY 14569
(585) 786-7879 Fax: (585) 786-7888
- 29 Liberty St., Batavia, NY 14020
(585) 343-7596 Fax: (585) 343-7629



- 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
- 519 N Union Street Olean NY 14760
(716) 379-8474 Fax: (716) 379-8543

LAST	FIRST	MIDDLE	Home Telephone
STREET ADDRESS		CITY	STATE
MAILING ADDRESS (IF DIFFERENT)		E-Mail Address	ZIP CODE
PREVIOUS ADDRESS(S) IF AT CURRENT LESS THAN 5 YEARS		Other Names Known As	
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 _____

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 _____

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 _____

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 _____



Community Care of WNY, Inc.

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 5, 1964, and May 7, 1975)?

Yes No If yes, date of discharge? _____

Signature _____