

# 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
High School		Yes No	
College		Yes No	
Other (Specify)		Yes No	

Education Continued:

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 \_\_\_\_\_

*Continued on back...*

**EMPLOYMENT HISTORY**

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

Month / Year	Name & Address of Employer	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 at any time during my employment. Further, I understand that I may terminate my employment "at will" and agree that my employment, if offered, will be "at will" for no definite period and may, regardless of the date or period of payment of my wages and salary, be terminated at any time without any previous notice. Classen Home Health reserves the right to withdraw employment offers at any time. We recommend you successfully complete all Classen Home Health Associates pre-employment requirements before giving notice to your current employer.

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

**NOTES & MISCELLANEOUS**

I can work:

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

**CLASSEN HOME HEALTH ASSOCIATES, INC.**  
**SENIOR SERVICES**

---

---

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ have applied for employment with Classen Home Health Associates, Inc. I hereby give my permission to release any and all information requested concerning my employment and/or my personal background. I release from liability any persons or companies furnishing such information. All information received by Classen Home Health will be confidential and will only be used to determine my eligibility for employment. However, if I am employed by Classen Home Health, I agree the information received shall become part of my permanent personnel file and can be used for any business related purpose.

Signature

Date

---