

PERSONAL REFERENCES:

List below, the names of two (2) persons **NOT related to you**, whom you have known for at least one (1) year.

Name **Full Address** **Phone No.** **Yrs. Acquainted**

1. _____

2. _____

Have you ever been found guilty of patient or resident abuse or convicted of a crime?

YES ___ NO ___ If yes, please explain: _____

Do you give permission for a criminal screen to be conducted? YES ___ NO ___ If no, please explain _____

Do you give permission for a Drug Screen (Urinalysis) to be conducted? YES ___ NO ___

If no, please explain: _____

Do you have Home Care experience: YES ___ NO _____

Do you have your own car? YES ___ NO ___ Do you have Auto Insurance? YES ___ NO ___

Is your Driver's License Current? YES ___ NO ___

Have you ever worked here before? Yes ___ NO ___ If yes, When? _____

List any foreign languages you speak fluently: _____

Shift Time Available:

Days _____ Evenings _____ Nights _____ Weekends _____

Interested in FT _____ PT _____ Per Diem _____ Live In _____

CERTIFICATIONS: CPR _____ IV _____ CHEMO _____

HHA/PCA, RN/LPN Prior Experience:

IV Therapy _____ Pediatrics _____ Ventilators _____ Shifts _____ Visits _____

Hoyer Lifts _____ Geriatrics _____ Hospice _____ NHTD _____

ALL HHA/PCA: Employees will be registered in the NYS Department of Health's Home Care Registry. Your signature below authorizes South Shore Home Health Services, Inc. to disclose employment information for the purpose of registration.

I authorize investigation of all statements contained in this application. I am legally authorized to work in the United States. 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.

Date: _____ **Signature:** _____

Interviewers Comments: Hourly rate: _____

Interviewer's Signature: _____