

GOLDEN PROMISES HOME CARE
THE GOLD STANDARD IN HOME CARE

CAREGIVER EMPLOYMENT APPLICATION

Date: _____

Name (Please Print) _____
First _____ *M.I.* _____ *Last* _____

Maiden name or other name _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Cell Phone: _____ SSN: _____

Date of Birth _____
(Required)

Number of years at this address: _____ Own: _____ Rent: _____

Previous address if under 5 years: _____

Emergency Contact Information

Name: _____ Phone: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

I am applying for a position as HHA _____ PCA _____ Companion _____

Transportation:

Do you have a car? Y _____ N _____ Year, make and model _____

License Plate: _____ State _____ Driver's Lic. No. _____ Expires _____

Availability

Days/Hours:

Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Days/Hours not available: _____

Are you available for emergencies/fill-ins? Y _____ N _____

Are you available for a live-in position? Y _____ N _____

Education

High School: _____ City/State: _____ Dates: _____

College: _____ City/State: _____ Dates: _____

Other: _____ City/State: _____ Dates: _____

Degrees/Certificates: _____

If you are a HHA or PCA, where did you train? _____

Date: _____

Special Skills or Training: _____

Names of any not-for-profit or volunteer organizations you are affiliated with:

Discuss your background and experience in caring for seniors: _____

Why do you want to work in home care? _____

Employment History

Please list all employers for the last five years, including dates of employment, employer, and contact person.

Company: _____ From: _____ To: _____

Job Title: _____

Reason for Leaving: _____

Duties: _____

Supervisor: _____ Phone: _____

Company: _____ From: _____ To: _____

Job Title: _____

Reason for Leaving: _____

Duties: _____

Supervisor: _____ Phone: _____

Company: _____ From: _____ To: _____

Job Title: _____

Reason for Leaving: _____

Duties: _____

Supervisor: _____ Phone: _____

Company: _____ From: _____ To: _____

Job Title: _____

Reason for Leaving: _____

Duties: _____

Supervisor: _____ Phone: _____

Personal References

Name: _____ Phone: _____ Relation/#of years: _____

Name: _____ Phone: _____ Relation/#of years: _____

Name: _____ Phone: _____ Relation/#of years: _____

Name: _____ Phone: _____ Relation/#of years: _____

Name: _____ Phone: _____ Relation/#of years: _____

Current and Previous Landlords

Name: _____

Address: _____

Phone: _____

of years: _____

Name: _____

Address: _____

Phone: _____

of years: _____

Name: _____

Address: _____

Phone: _____

of years: _____

Name: _____

Address: _____

Phone: _____

of years: _____

Caregiver Health and Safety

Do you receive or have you received Social Security Disability or New York State Disability benefits? Y N

When did such benefits start?

When did such benefits end?

Have you ever been treated for: (check as many as apply)

- | | |
|-----------------------|--------------------------------|
| 1. Depression_____ | 6. Asthma_____ |
| 2. Anxiety_____ | 7. Allergies_____ |
| 3. Heart Disease_____ | describe:_____ |
| 4. Hypertension_____ | 8. Back Pain_____ |
| 5. Diabetes_____ | 9. Other (please specify)_____ |
| | _____ |

Have you used controlled-substances? Y N

Do you drink more than two drinks per day? Y N

Do you smoke? Y N

I understand that if I am employed:

- I agree that I am not to have personal contact with clients, their families, or significant others, in any form, other than during my assigned service time, except if directed to do so by the Golden Promises.
- I agree that I am not to become involved in the clients personal business affairs, banking etc. without specific directives to do so from the Golden Promises.
- I agree that while working for Golden Promises and after voluntarily, in-voluntarily or terminating employment that I will not solicit, divert, or take away Golden Promises clients.
- I also agree that during my employment, and for a period of one year after, I will not attempt to cause any of the clients to refrain from continuing service with Golden Promises, and I will not assist others to do so.
- This agreement unless otherwise stated, does not prohibit me from working for another employer. However, I agree that I will not in anyway, directly or indirectly attempt to solicit or divert any client of Golden Promises to accept service from another provider.
- If a Golden Promises client does terminate service by their own free will, I agree not to work for that client through another agency, or privately, for a period of one year after termination of Golden Promises service.
- I authorize investigation of all statements in this application. I understand that misrepresentation of or omission of facts is cause for dismissal.
- I agree that my employment is for no definite period and that regardless of the date of payment of wages or salary, I may be terminated at any time without advance notice.

Applicant's signature_____ Date_____

PLEASE CIRCLE THE TOWNS IN WHICH YOU WILL WORK

Blooming Grove

Bloomingburg

Central Valley

Chester

Circleville

Cold Spring

Cornwall

Cornwall on Hudson

Crawford, Ulster

Cuddebackville

Deer Park

Ellenville

Florida

Glen Spey

Goshen

Greenwood Lake

Hamptonburgh

Harriman

Highland Falls

Highland Mills

Huguenot

Kiryas Joel

Matamoras

Maybrook

Middletown

Milford

Monroe

Montgomery

Monticello

Mt. Hope

Mountainville

New Windsor

Newburgh

Otisville

Pinebush

Pine Island

Port Jervis

Rock Tavern

Scotchtown

Slate Hill

Sparrowbush

Suffern

Sugar Loaf

Tuxedo

Unionville

Ulster

Warwick

Washingtonville

Westtown

Woodbury

Other: _____

Employee Automobile Release of Liability

- I agree that I will use my automobile as part of my duties for homecare.
- I agree that I have the primary responsibility for my automobile insurance.
- I agree to release Golden Promises from responsibility for any accident in which there is damage to my automobile or injury to its occupants or injury to third parties.
- I certify that I have current and in force insurance and that the particulars set forth below are accurate.
- I agree to immediately notify GOLDEN PROMISES HOME CARE in connection with any changes made relating to the information I am providing below.

Insurance Company: _____

Telephone: _____

Policy #: _____

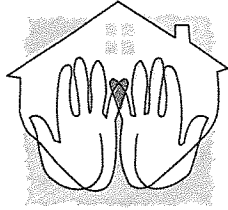
Expiration Date: _____

Coverage Verified: _____

Date: _____

Employee Signature: _____

Date: _____



GOLDEN PROMISES HOME CARE
 THE GOLD STANDARD IN HOME CARE

Golden Promises Home Care
 36 St. John Street, Suite # 101
 Goshen, NY 10924
 845-294-1104 (Work)
 845-294-9759 (Fax)
www.goldenpromises.org (Web)
homecare@goldenpromises.org (E-mail)

EMPLOYMENT VERIFICATION AND EVALUATION

Company: _____ Re: _____
 _____ SS# _____
 _____ Date _____

Dates of employment with your organization: From _____ To _____
 Position Held: _____

Please Check:	Excellent	Good	Average	Poor
Quality of Work				
Dependable				
Initiative				
Attitude				
Stability				
Loyalty				
Cooperation				
Honesty				

Would you rehire: Yes No Please Explain

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Comments:

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Signature: _____ Title: _____ Date: _____

APPLICANT RELEASE /AUTHORIZATION

I hereby authorize you to disclose any and all information concerning my employment with your firm to Golden Promises Home Care and release you from any or all liability which may result from furnishing such information.

Signature: _____ Date: _____



CRIMINAL BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize **Golden Promises Home Care, Goshen NY** or its agent, **TalentWise, Inc.**, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB is optional and is only used for identification purposes in screening inquiries*

LIST ALL ADDRESSES FOR PAST 7 YEARS and dates for residing: (check here if more on reverse)

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____ DATE: ____/____/____

If you are a resident of **California, Minnesota, New York, Oklahoma** or **Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:

YES – please provide report copy in accordance with applicable law- _____ (please initial)