



Home Health Care

# Employment Application

## North Country Home Services, Inc.

25 Church Street  
Saranac Lake, NY 12983  
(518) 891-2641

155 Finney Blvd., Suite 1  
Malone, NY 12953  
(518) 483-4502

18 Montcalm St., Suite 1  
Ticonderoga, NY 12883  
(518) 585-9820

21 McKinley Avenue  
Plattsburgh, NY 12901  
(518) 566-0183

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For				Date of Application	
How did you learn about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Number	Street	City	State	Zip Code	
Telephone Number					

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a crime? If 'yes' provide dates \_\_\_\_\_ .....  Yes  No  
Nature of crime? \_\_\_\_\_

Do you have a valid driver's license to operate a car in New York State? .....  Yes  No

Do you have a car available? .....  Yes  No

### Employment Experience (Please start with your present or last job)

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		Reason for Leaving
	From	To	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		Reason for Leaving
	From	To	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		Reason for Leaving
	From	To	
Job Title	Supervisor		

**Education / Training**

Name & Location of School	Years Attended	Date Graduated	Degree Attained	Comments

Certification:	License #	Type	State	Expiration Date

**References**

Please list at least three (3) individuals who are qualified to describe your abilities. Previous employers, clergy, teachers, fellow workers, etc. **(Do not use personal friends or relatives)**

Last Name	First Name	Middle Name
Number Street	City	State Zip Code
Telephone Number	Relationship to Self	

Last Name	First Name	Middle Name
Number Street	City	State Zip Code
Telephone Number	Relationship to Self	

Last Name	First Name	Middle Name
Number Street	City	State Zip Code
Telephone Number	Relationship to Self	

**Applicant's Statement**

I hereby authorize this company, and also authorize and request each former employer or person, firm or corporation given above as a reference, to answer all questions that may be asked regarding the information I have provided on this application for employment or concerning my work habits, character or skills.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by contract unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Arrange Interview  Yes  No Remarks \_\_\_\_\_ Assigned to: \_\_\_\_\_



# North Country Home Services

Applicant: Please fill in the areas in **BOLD TYPE** and return it to North Country Home Services. Please do **NOT** give it to your employer to fill out. We will send it at the appropriate time. Thank you.

**Business Reference for:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
(name of applicant)

I authorize the release of the following information under the provisions of the Privacy Act of 1974. Information is kept confidential.

**Signature of Applicant:** \_\_\_\_\_

**Person to provide reference:** \_\_\_\_\_  
(to be filled in by applicant)

.....

Title/relationship to applicant: \_\_\_\_\_

Company represented: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Position held by Applicant: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

.....

<u>Evaluation</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Attendance	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Stability	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____

.....

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

# North Country Home Services, Inc

## Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Search Number \_\_\_\_\_

Referred by: \_\_\_\_\_

### Gender

- Female  
 Male

### Race

- Hispanic or Latino  
 White  
 Black or African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian or Alaska Native  
 Two or More Race (Not Hispanic or Latino)

### Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- I identify as one or more of the classifications of protected veteran listed below.  
 I am not a Protected Veteran  
 I choose not to provide this information.

#### Definitions:

**Qualified Disabled Veteran** – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

**Recently Separated Veteran** – any Veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

**Active Duty Wartime or Campaign Badge Veterans** - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Armed Forces Service Medal** – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Veteran of the Vietnam Era** – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

#### Definitions:

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.