



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
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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: _____