



Employment Application

North Country Home Services, Inc.

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

155 Finney Blvd., Suite 5
Malone, NY 12953
(518) 483-4502

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

151 Bridge Street
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			Email	

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.¹ 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.

¹ 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.

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.



North Country Home Services

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment with **North Country Home Services, Inc.**, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.



By your signature below, you hereby authorize us to obtain a consumer report or investigative consumer report about you, as described above, in order to consider you for employment or at any time during your employment with **North Country Home Services, Inc.**

Employee Name: _____

Employee Number: _____

Social Security Number: _____

Signature: _____

GIVE A COPY TO THE EMPLOYEE AND FORWARD THE ORIGINAL TO THE FISCAL DEPARTMENT.



North Country Home Services

FCRA (Fair Credit Reporting Act) Employee Release Authorization

Employee Complete the Following

- I. In connection with my employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **North Country Home Services, Inc.** or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **North Country Home Services, Inc.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address

City	State	Zip Code
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Social Security Number	Date of Birth
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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female **Race:** Asian Black Hispanic White Other

Driver's License Number _____ State Issuing License _____

Name as it appears on license _____

Signature _____ Today's Date _____

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306



North Country Home Services

Criminal History Record Check Process Description

Dear Applicant:

New York State Department of Health Regulations require that a Division of Criminal Justice Services and FBI Criminal History Record Check (CHRC) be performed on all applicants for non-licensed positions in a home care setting or nursing home where the applicant would be providing direct care or supervision to patients.

To comply with these regulations North Country Home Services is required to obtain each prospective employee's fingerprints through electronic fingerprinting (Live Scan). NCHS will be responsible for the fee for conducting the criminal history record check and arranging the appointments through L-1 Enrollment Services, Inc.

The prospective employee may begin working as a "temporary employee" after the fingerprint request is submitted to the Department of Health.

The Department of Health Regulation permits NCHS to employ a "temporary employee" on a provisional basis under supervision until they are notified of the CHRC findings by the Department of Health.

The prospective employee may withdraw his or her application for employment, without prejudice, at any time before employment is offered or declined regardless of whether they or NCHS has reviewed the summary of the subject individual's criminal history information.

NCHS will allow the prospective employee to obtain, review and seek correction of the information contained in the CHRC.

NCHS will obtain a "Consent Form for Fingerprinting and Criminal History Record Check (DOH CHRC 102) from the prospective employee.

As a prospective employee you will be asked to present two forms of identification prior to being fingerprinted. One form shall be government issued containing the prospective employee's signature. One of the two forms of identification shall have a photograph of the prospective employee (must meet I-9 standards).



The Department of Health will notify NCHS of the following:

- a. A notification that they will not issue a disapproval of eligibility for employment.
- b. A notification of proposed disapproval of eligibility for employment.
- c. A notification of eligibility for employment in abeyance
- d. A notification to disapprove eligibility for employment.

In the case of b. or c., NCHS shall not allow the prospective employee to provide direct care until receipt of a final determination from the Department. When notified that the DOH will not issue a disapproval of eligibility for employment then NCHS may act on its own discretion to permanently employ the temporary employee. Prior to making a final determination to disapprove eligibility for employment the prospective employee shall be given the opportunity to explain in writing to the DOH why eligibility for employment should not be disapproved as indicated in the regulation Section 402.7.

All results of the CHRC will be kept strictly confidential and will only be used by NCHS for the purposes authorized by law.

Applicant Statement and Signature:

The CHRC process has been explained to me and I have read and completely understand the above information. I agree to have a CHRC performed on me as required by New York State Department of Health and described by North Country Home Services.

Signature: _____ Date: _____

Printed Name: _____

Witnessed by NCHS Representative

Signature: _____ Date: _____

Printed Name: _____