

Home Aide Service of the Central Adirondacks, Inc. (HASCA)

Companion Care

114 South Shore Rd. PO Box 25 Old Forge, NY 13420
Phone 315 369-6183 Fax 315 369-6181 HASCA@frontiernet.net

APPLICATION FOR EMPLOYMENT

Home Aide Service of the Central Adirondacks, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

*Minimum job requirements: current driver's license, auto insurance, and vehicle during working hours.
All positions are considered part-time, and in most cases, HASCA cannot guarantee hours you will work.*

Please print and complete all information requested. Resumes may also be attached.

Name (first, middle, last) _____

Physical Address _____

Mailing Address _____

Phone _____ Alternate Contact(s) _____ Email _____

Employment Position

Position applying for: ___ Companion Caregiver (part-time) _____

Any past employment with HASCA? No Yes, when _____

Certificates or Licenses _____ (copies required) N/A

Any availability restrictions? _____

Personal Information

Are you legally eligible for employment in the US? No Yes (verified by completion of an I-9 form)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? No Yes

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Do you possess a valid driver's license? No Yes, State issued _____
License number _____ Expiration date _____ (copy required)

Do you possess current Auto Insurance? No Yes (copy required)

Do you have access to a reliable auto during all potential working hours? No Yes

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: HASCA complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School Name _____
Address _____
Grade completed _____ Graduated GED Neither graduated or obtained GED

Program/College Name _____
Address _____
Certification/degree/licensure received _____

Program/College Name _____
Address _____
Certification/degree/licensure received _____

Are you a Veteran? No Yes What Branch? _____ Years Served? _____
What military skills do you possess that would be an asset for this position:

EMPLOYMENT HISTORY

List last 3 employers, present to past and complete all information. Attach additional sheet if desired. If you do not have this former employment history, list 2 reliable individuals we may contact as personal references if needed.

1. Company name _____ Phone _____
Address _____ Employed (Month and Year)
Supervisor _____ From _____ To _____
Job Title and brief description of work _____
Reason for leaving _____

2. Company name _____ Phone _____
Address _____ Employed (Month and Year)
Supervisor _____ From _____ To _____
Job Title and brief description of work _____
Reason for leaving _____

3. Company name _____ Phone _____
Address _____ Employed (Month and Year)
Supervisor _____ From _____ To _____
Job Title and brief description of work _____
Reason for leaving _____

Personal References

1. Name _____ Phone _____
Address _____ How known? _____

2. Name _____ Phone _____
Address _____ How known? _____

I certify that all information provided in this application is true, and that any omission or misrepresentation of fact on this application will be sufficient cause for exclusion from further consideration for employment, or for discharge if hired.

Applicant Signature _____ Date _____

Attached authorization for release of information must be signed and dated. HASCA will contact references.

Office Use Only

Date application received _____ References Mailed _____ Faxed/Phoned _____

References Sent

1. _____ 2. _____ 3. _____ Personal 1. _____ Personal 2. _____

References Received

1. _____ 2. _____ 3. _____ Personal 1. _____ Personal 2. _____

Administrative comments

Application reviewed by

Name _____ Title _____

Name _____ Title _____

Copies of required documents received Yes No, _____

Hired Yes, Date of Hire: _____ No

In lieu of hire, all temporary employee requirements are in progress whenever indicated.