

**APPLICATION
HOME AIDES OF CENTRAL NEW YORK, INC.
723 JAMES STREET, SYRACUSE, NY 13203
(315) 476-4295**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - Personnel are chosen on the basis of ability without regard to race, color, religion, gender, age, national origin, disability, sexual orientation, marital or veteran status, in accordance with federal, state, and local regulations.

PLEASE PRINT

Name: _____ Date of Application: _____
SSN: _____
Address: _____ APT NO: _____
City, State, Zip: _____
Home Phone (____) _____ MESSAGE PHONE: (____) _____

How did you hear about Home Aides of Central New York? AD _____ Friend _____ Other _____
Are you under 18 years of age? Yes No

U.S. Citizen? Yes No If no, what type Visa? _____

Position applied for: Home Health Aide _____ Companion _____
Full-Time _____ Part-Time _____

Were you previously employed by **Home Aides of Central New York**? Yes _____ No _____
If yes, when and position held _____

PLEASE REVIEW THIS SECTION CAREFULLY AND ANSWER TRUTHFULLY

Except for minor traffic violations, have you ever been convicted of any violation of the law, or do you have any criminal charges currently pending against you? (A conviction is defined as any crime which you have plead guilty to, have been found guilty in a court of law, plea bargained with an attorney, paid a fine, been incarcerated, done community service, etc.) **A conviction is not an automatic bar to employment. Each case is considered on its individual merits. Willful false answers are grounds for rejection of this application.** Yes _____ No _____

If yes, please describe _____

I am available to work (please give specific hours available: _____ (eg. 7am - 3pm)
DAYS HOURS
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

TRANSPORTATION: (CHECK ONE)
WILL USE OWN CAR _____
WILL USE BUS _____

NOTE: Aides will be required to work every fourth weekend and two holidays per year.

AREAS WILLING TO TRAVEL TO: _____

Type of School	Name and Address Of School	Course Major	Graduated (Yes or No)	Type of Degree
High School				
College				
Graduate School				
Business/Trade				
Military Training				
Other Training				

Please list your employment record with your **present or most recent employer first**. Show **all** employment, include military service as employment. **Please include all dates employed (month, day, year).**

From: ___/___/___ To: ___/___/___ Job Title: _____
Employer's Name: _____ Supervisor's Name: _____
Employer's Address: _____
Street City State Zip
Telephone Number: () _____
Describe the duties of your position: _____

Reason for leaving: _____

From: ___/___/___ To: ___/___/___ Job Title: _____
Employer's Name: _____ Supervisor's Name: _____
Employer's Address: _____
Street City State Zip
Telephone Number: () _____
Describe the duties of your position: _____

Reason for leaving: _____

From: ___/___/___ To: ___/___/___ Job Title: _____
Employer's Name: _____ Supervisor's Name: _____
Employer's Address: _____
Street City State Zip
Telephone Number: () _____
Describe the duties of your position: _____

Reason for leaving: _____

Do you have additional employment history? Yes _____ No _____ If yes, be prepared to discuss it at interview.

PERSONAL REFERENCES - Appropriate Individuals Include; Community Leaders: Counselors, Teachers, Clergy, Case Workers. Case Managers, Social Workers, Registered Nurses, LPN's, Landlords, etc.

(NO FORMER EMPLOYERS, RELATIVES, FRIENDS OR SIGNIFICANT OTHERS)

Name: _____ Occupation: _____

Address: _____

Street Apt. # City State Zip

Phone: () _____ What is your relationship to this person? _____

How long have you known this person? _____

Is this person a family member or significant other? _____

Name: _____ Occupation: _____

Address: _____

Street Apt. # City State Zip

Phone: () _____ What is your relationship to this person? _____

How long have you known this person? _____

Is this person a family member or significant other? _____

Name: _____ Occupation: _____

Address: _____

Street Apt. # City State Zip

Phone: () _____ What is your relationship to this person? _____

How long have you known this person? _____

Is this person a family member or significant other? _____

AGREEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

I understand that falsified information or significant omission(s) may disqualify me from further consideration for employment, and in the event of employment may be considered justification for dismissal if discovered at a later date.

I authorize and release from liability persons, schools, current employers (if applicable), previous employers and organizations named in this application to provide **Home Aides of Central New York, Inc** with any relevant job-related information that may be required to arrive at an employment decision. A photocopy of this authorization shall be as valid as an original.

Applicant's Signature: _____ Today's Date: _____

Please return completed application to:

**HOME AIDES OF CENTRAL NEW YORK, INC.
723 JAMES STREET
SYRACUSE, NY 13203
ATTN: HUMAN RESOURCES DEPARTMENT**

Or fax to 315/476-0538

Or return by email to: humanresources@eldercarecn.org

RELATED PERSONAL EXPERIENCE

1. Have you ever cared for sick relatives or friends? If so, please explain. _____

2. Have you ever cared for a physically disabled person? If so, please explain. _____

3. Have you ever worked in a private home unsupervised? If so, please explain. _____

4. Please describe other skills you possess and/or experience you have that might relate to home care.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

DATE APPLICATION RECEIVED: _____
DATE ENTERED IN THE COMPUTER: _____

Did they listen to the HACNY Info Line? YES NO SATISFIED DISSATISFIED

CAR BUS JHAT JHAO

LOCATION: SYRACUSE CENTRAL SQUARE BALDWINSVILLE

ACCEPTED: _____
REJECTED: _____

REASON FOR REJECTION:

REFERENCES WORK HISTORY OCSD NC/NS _____ OTHER: _____

COMMENTS: _____

Gary Miguel
Chief of Police

Michael J. Heenan
First Deputy Chief



Deputy Chief

David C. Barrett
Frank L. Fowle

DEPARTMENT OF POLICE

Matthew J. Driscoll, Mayor

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

I, the undersigned, hereby authorize the Syracuse Police Department to release to:

_____ any

criminal history on file under the following name (s):

LEGAL GIVEN NAME: _____

ALSO KNOWN AS: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____

(SIGNATURE)

(DATE)

STATE OF
COUNTY OF

On this ___ day of _____ 20__

Before me came _____

Personally known to me to be the individual described and who executed
the foregoing instrument and acknowledged that (s)he executed the same.

(Notary Public / Comm. Of Deeds)