

Helping Hands@Home, LLC

125 Adams Street, Delmar, NY 12054

Phone: 518-380-9788

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www.helpinghandscapitaldistrict.com

Application for Hire:

Today's Date _____

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number () _____

Cell Phone Number () _____

Email Address _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony? Or misdemeanor?

Yes _____ No _____

If yes, please explain: _____

Would you agree to a criminal background check? _____

Do you have a reliable car and valid driver's License? _____

AVAILABILITY:

Please indicate your Days/Hours Available (Minimum of 15 hours per week for Part-Time Employment)

Monday _____ Times _____

Tuesday _____ Times _____

Wednesday _____ Times _____

Thursday _____ Times _____

Friday _____ Times _____

Saturday _____ Times _____

Sunday _____ Times _____

What date are you available to start work? _____

EDUCATION:

Are you a High School Graduate? _____

Name and Address of School/College - Degree/Diploma - Graduation Date

SKILLS and QUALIFICATIONS: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Reason for Termination or Leave:

May We Contact Your Present Employer?

Yes _____ No _____

REFERENCES: (at least one business reference)

Name/Title Address Phone: _____

Name/Title Address Phone: _____

Is there any service listed that you would not feel comfortable providing? _____

Why? _____

What personal qualities do you feel would benefit those you come in contact with through

Helping Hands at

Home _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

