

# Helping Hands@Home, LLC

125 Adams St., Delmar, NY 12054

[helpinghandsoffice2010@gmail.com](mailto:helpinghandsoffice2010@gmail.com)

[www.helpinghandscapitaldistrict.com](http://www.helpinghandscapitaldistrict.com)

We are an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, gender, sexual orientation, religion, color, national origin, citizenship, age, marital status, disability, predisposing genetic characteristics, gender identity or expression, veteran status or any other category protected by law.

## Application for Employment:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_

## Legal Information:

1. Are you legally authorized to work in the United States?  Yes  No
2. If under the age of 18, can you provide the necessary work certificate at the time of employment?  Yes  No
3. Have you ever been convicted of a crime, misdemeanor or felony?  Yes  No
4. Have you ever been found to have committed elder or patient abuse, or have you ever been disciplined or terminated for elder or patient abuse?  Yes  No
5. Would you agree to have a criminal background check?  Yes  No

## Driving Information:

1. Do you have a current valid driver's license?  Yes  No
2. Has your license ever been suspended or revoked?  Yes  No
3. Do you have a reliable car for transporting clients?  Yes  No
4. Are your auto insurance, registration and inspection valid and up-to-date?  Yes  No
5. Would you agree to a DMV background check?  Yes  No

## Availability:

1. Start date available: \_\_\_\_\_
2. Number of hours you desire: \_\_\_\_\_
3. Days/hours you are available to work: \_\_\_\_\_
4. Are you able to work:  
 Days  Evening  Overnights  Weekends  Holidays

**Education:**

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

**Work Experience:**

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

## References:

Please provide the names and phone numbers of at least two persons, not related to you, known to you for at least one year, who we may contact for a personal reference. At least one must be a professional reference.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for immediate termination of employment at any point in the future if I am hired.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date