Employment Hotline: 716-568-2019



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

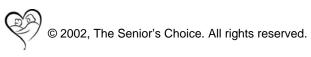
Name					Date
Street Address					
City		State ZIP		ZIP	
Phone			SSN		
Emergency Contact					
Name		Phone			
Address		Relationship			
			l		
I am applying for a position as a					
Have you ever been convicted of yes no	a felony?				
If yes, please provide details					
Transportation:  Many caregiver position	s require	the caregiver to t	ransport a client.		
Do you have dependable transportation?  yes no			Make and model car		
License plate #		Driver license #		Auto insurance policy #	
Insurance company I		Insurance agent name		Insurance agent phone	
		-			
Availability					
Number of hours you would like to work	Times you	are available to work	work Any times <i>not</i> available to wa		Can you be called at the last minute in case of emergency?  yes no
Comments				<u> </u>	



Education					
High school		City/State		Dates	
College		City/State		Dates	
Other		City/State		Dates	
Degrees/certifico	ntes				
Special skills or co	ourses				
Experience					_
•					
Discuss any iranin	ng or experience working	with the elderly			
	ke most about working wi				
What would you li	ke least about working wi	th the elderly?			
Skills Please indica	te whether you hav	ve assisted witl	n or performed the	following tasks	for seniors.
Companion- ship	yes no	Vacuuming	yes no	Laundry	yes no
Bathing/ dressing	yes no	Dusting	yes no	Grocery shopping	yes no
Grooming	yes no	Clean bathrooms	yes no	Cooking	yes no
Incontinence	yes no	Clean kitchen	yes no	Driving	yes no
Transfer	yes no	Bed linen	yes no	Medication reminders	yes no



Employment History Please go back at least five years and tell us at sheet if additional space is required.	oout your work history. U	se reverse side of	
May we contact your current employer?			
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		



Name	Address	Relationship/Years Known	Local Phone #	
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Name	Address	Relationship/Years Known	Local Phone #	
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one of this form of me are complete of omissions, or misr application or disc including consume history and motor authorities to release schools, companies issuing this inforn	and that the answers given by mand true to the best of my know epresentation of facts called for the charge at any time during my enders and including bureaus, to verify a vehicle driving records. I authors and law enforcement authority and law enforcement authority along. I also understand that the quires, I am willing to submit to	at I have read and understand the aperto the foregoing questions and the ledge and belief. I understand that or in this application may result in reaployment. I authorize the company my information including, but not limborize all persons, schools, companies my background and hereby release the series from any liability for any damaghe use of illegal drugs is prohibited adrug testing to detect the use of illegal drugs.	e statements made by any false information, ejection of my and/or its agents, ited to, criminal any said persons, e whatsoever for during employment. If	
Signature			Date	
Signature		Dute		

