



Fill out the entire application and return it to us by email or by post.
info@GoodSamHomeHealth.com
Good Samaritan Home Health Agency
5500 Main Street, Suite 109
Williamsville, NY 14221

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Telephone # () Cell Phone # ()

E-Mail address _____ Referred to us by _____

Position(s) applied for ☐ Caregiver ☐ Nursing ☐ Other: _____ Date available _____

Type of employment desired ☐ Full-Time
☐ Part-Time ☐ Casual Please Specify Days and Hours _____

If currently employed, may we contact your employer? ☐ Yes ☐ No

Rate of Pay Expected \$ _____ per hour

Is there a specific reason you are applying for employment at this company? ☐ Yes ☐ No

If Yes, please briefly outline the reason:

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you available to work overtime if required? ☐ Yes ☐ No

Have you applied with this company before? ☐ Yes ☐ No

Have you been employed at this company before? ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or family employed at Good Samaritan Home Health Agency? ☐ Yes ☐ No

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain _____

If considered for hiring, will you agree to provide a criminal background check? ☐ Yes ☐ No

If considered for hiring, will you agree to provide a DMV record (MV-15C)? ☐ Yes ☐ No ☐ N.A.

Do you have a vehicle in good working order? Type/year _____ ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Valid in State/Province ?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the following: CPR ☐ No ☐ Yes Last Certified _____
 First Aid ☐ No ☐ Yes Last Certified _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

What do you think is the most difficult part of nursing or customer service work?

What was the best job you ever had and why?

What was your least favourite job and what did you dislike about it?

Think of the BEST supervisor you have ever had, what characteristics made that person a good manager?

Think of the WORST supervisor you have ever had, what characteristics made that person a poor manager?

How will you be able to contribute to providing seniors with high quality care?

Imagine you have been on your feet and working hard all day. A customer that you have been dealing with is rude and impatient, what do you do?

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	()	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	()	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	()	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?		\$	per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that illegal use or habituation of drugs is prohibited during my employment. I state that I have no medical history of addiction to any habit-forming drugs such as, narcotics, depressants, stimulants or alcohol that may alter my behavior. If warranted, I am willing to submit to drug testing to detect the illegal use of these drugs prior to and during my employment.

I understand that if I am hired, I will be required to consent to a criminal background check and provide, proof of identity and legal authority to work in the New York State, proof of certifications or educational qualifications, and a department of motor vehicle record.

Furthermore, I understand and agree that if employed, I am free to resign at any time, and the Good Samaritan Home Health Agency reserves the same right to terminate my employment at any time, with or without prior notice. This application does not in any way constitute an agreement or contract for employment.

I agree that all operational procedures and business methods to which I have gained access to are confidential trade secrets of Good Samaritan Home Health Agency.

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

