



HOME SWEET HOME

ON THE HUDSON

SENIOR COMMUNITY • ADULT CARE FACILITY

Home Sweet Home on the Hudson, Inc., 38 Prospect Avenue, Catskill, NY 12414
Tel: 518-943-5701 • Fax: 518-943-5033 • employment@HomeSweetHomeOnTheHudson.com

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

After completing this application, please mail, fax or scan to attach to an email.

Date _____

PERSONAL INFORMATION

Name _____
Last First Middle

Social Security Number _____

Present Address Street City State Zip

Permanent Address Street City State Zip

Phone Number _____
Home Cell

Are You 18 Years of Age or Older? _____ Yes _____ No

Are You a U.S. Citizen? _____ Yes _____ No

If no, Type of Visa? _____

Have You Ever Been Seriously Injured? _____ Yes _____ No

If yes, please provide details: _____



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APPLICATION FOR EMPLOYMENT • PAGE 2

Have You Ever Been Convicted of a Felony or Misdemeanor? _____ Yes _____ No

If yes, please provide details: _____

EMPLOYMENT DESIRED

Position Desired

Shift Preferred

Date You Can Start

Salary Desired

EDUCATION

| School Level | Name & Location of School | No. of Years Attended | Did You Graduate? | Subjects Studied |
|--------------|---------------------------|-----------------------|-------------------|------------------|
| High School | | | | |
| College | | | | |
| Other | | | | |



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APPLICATION FOR EMPLOYMENT • PAGE 3

FORMER EMPLOYER #1

Employer Name _____

Employer Address _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Job Title _____ May We Contact Your Supervisor? Yes _____ No _____

Name and Title of Supervisor _____ Phone # _____

Description of Work _____

Reason for Leaving _____

FORMER EMPLOYER #2

Employer Name _____

Employer Address _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Job Title _____ May We Contact Your Supervisor? Yes _____ No _____

Name and Title of Supervisor _____ Phone # _____

Description of Work _____

Reason for Leaving _____



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APPLICATION FOR EMPLOYMENT • PAGE 4

FORMER EMPLOYER #3

Employer Name _____

Employer Address _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Job Title _____ May We Contact Your Supervisor? Yes ___ No ___

Name and Title of Supervisor _____ Phone # _____

Description of Work _____

Reason for Leaving _____

FORMER EMPLOYER #4

Employer Name _____

Employer Address _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Job Title _____ May We Contact Your Supervisor? Yes ___ No ___

Name and Title of Supervisor _____ Phone # _____

Description of Work _____

Reason for Leaving _____



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APPLICATION FOR EMPLOYMENT • PAGE 5

FOR HOME HEALTH AIDE OR PERSONAL CARE AIDE APPLICANTS ONLY

HOME CARE REGISTRY:

I, _____,
(*your name*)

understand that Home Sweet Home, Inc. is mandated to update the New York State Department of Health Home Care Registry. I understand that the information given to the registry is made available for public viewing.

(Any questions, please call the Department of Health at 1-877-877-1827.)

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations. I am aware that there is a probation period of 3 months upon hiring.

SIGNATURE

DATE

PLEASE MAIL, FAX, ATTACH TO AN EMAIL, OR DISTRIBUTE AS PDF FORM