



Alzheimer's Care Specialists  
More than just in-home care

256 MAIN ST. SUITE 1109, NORTHPORT NY, 11768  
Tel. (631) 651-2778 Fax. (631) 261-5750

## Application for Employment

Name: \_\_\_\_\_ Social security #: \_\_\_\_\_ Date: \_\_\_\_\_

Present address: \_\_\_\_\_  
Street City State Zip

Permanent address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Do you receive text messages:  Yes  No Email: \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Employment desired  Full Time  Part Time  Per-Diem  Seasonal

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire of your present employer?  Yes  No

Ever applied for this company before?  Yes  No Where: \_\_\_\_\_ When: \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No. Will you travel if required?  Yes  No

Will you relocate if job requires it?  Yes  No. Will you work overtime if required?  Yes  No

Are you able to meet the attendance requirements of this position?  Yes  No.

Have you taken care of a Hospice patient?  Yes  No. If yes, how many years:  <1  1-3  >3

Are you willing to take care of a Hospice patient?  Yes  No. Have you ever been bonded?  Yes  No.

Have you ever been convicted of a felony in the past 7 yrs  Yes  No

Such conviction may be relevant if job related, but does not bar you from employment. If yes – explain:

\_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

In case of Emergency notify: \_\_\_\_\_

Address

Relationship

Phone



Alzheimer's Care Specialists  
*More than just in-home care*

256 MAIN ST. SUITE 1109, NORTHPORT NY, 11768  
 Tel. (631) 651-2778 Fax. (631) 261-5750

## Application for Employment

Education		Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades of Business	Currently Attending				
	Last Completed				

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company

---



---

Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

**References:** Give the names of two persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only



Alzheimer's Care Specialists  
More than just in-home care

256 MAIN ST. SUITE 1109, NORTHPORT NY, 11768  
Tel. (631) 651-2778 Fax. (631) 261-5750

## Application for Employment

Were you referred to us by someone, if so who: \_\_\_\_\_

### **INITIAL                      Conditions of Employment – please read carefully**

\_\_\_\_\_ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

#### **AGENCY MANAGEMENT NOTES :**
