



# Application for Employment

North Country Home Health & Hospice Agency considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied For:	Date of Application:		
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friends <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number (s)			

Best time & place to contact you is: \_\_\_\_\_

Have you ever filed an application with us before?  Yes    No  
 If yes, give date \_\_\_\_\_

Are you currently employed?  Yes    No

May we contact your present employer?  Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes    No  
*(Proof of citizenship or immigration status will be required upon employment.)*

Do you have any objection to weekend and holiday assignments?  Yes    No

Do you have a valid driver's license and access to a reliable insured vehicle?  Yes    No

Can you travel as required by this position?  Yes    No

Have you ever been convicted of a crime in the last 7 years?  Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Professional/Para Professional license # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*(RN, LPN, CNA, Therapist)*

Date available to start work: \_\_\_\_\_

Type of employment desired     Full Time  
     Per Diem (Please indicate mornings or afternoon ) \_\_\_\_\_  
     Temporary (Please indicate dates available \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?  Yes  No

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**COMMENTS** (Include explanation of any gaps in employment).


**OTHER SKILLS & QUALIFICATIONS**

(Summarize any job-related training, skills, licenses, certificates, and/or other qualifications)


**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation

**APPLICANT'S STATEMENT**

I hereby authorize North Country Home Health & Hospice Agency to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer of I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Employment with North Country Home Health & Hospice Agency is voluntarily entered into, and the employee is free to resign at any time, with or without notice or cause. Similarly, North Country Home Health & Hospice Agency may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. Because of the Mission of North Country Home Health Agency to provide essential care to clients, North Country Home Health & Hospice Agency requests that employees provide notice when terminating their employment. North Country Home Health & Hospice Agency requests that supportive and clerical personnel provide 2 weeks notice and that professional, supervisory, management and administrative staff provide 1 month's notice.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization upon being hired. Failure to submit such proof shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date