

# HOPE HOME CARE INC.

# APPLICATION

26 Dumont Avenue  
Staten Island, NY 10305

New Applicant  Re-Applying  Trainee

**POSITION (S) APPLYING FOR**

RN  PT  ST  RT  HHA  PCA

LPN  OT  MSW  CNA  OTHER: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed By: \_\_\_\_\_ All Documents Attached: \_\_\_\_\_

Date Hired: \_\_\_\_\_ References checked Yes  No

**APPLICANT PLEASE PRINT**

Last Name First Name Middle Name DOB(mm/dd/yy)

Address Apt # City State Zip Code

Social Security Number Home Telephone Number Cell Number E-mail address Emergency Number

**Emergency Contact Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you drive?  Yes  No Do you own a car?  Yes  No Which borough (s) will you NOT work in? \_\_\_\_\_

How did you learn about us?

- Advertisement  Relative  
 Friend  Other \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Summer

Are you currently "Laid-off" and subject to recall  Yes  No

Can you travel if a job requires it?  Yes  No Desired Salary \_\_\_\_\_

Education	Name and Address of School	Course of Study	Years Attended	Certificate/ Degree
High School				
College/University				
Other Health Training				
HHA/PCA Training				

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY? YES  NO  IF YES, PLEASE EXPLAIN BELOW:**

Give date(s) and reason(s) for crime or felony:

\_\_\_\_\_

Professional References Name Address Phone # Occupation

Professional References Name	Address	Phone #	Occupation

WE CONSIDER APPLICANTS FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL, VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ABIDING BY THE NYS LABOR LAWS.

**WORK EXPERIENCE: START WITH YOUR PRESENT OR LAST JOB INCLUDE VOLUNTEER ACTIVITIES**

**Employer** **Address** **Phone #**

<b>Position</b>	<b>Supervisor</b>	<b>Start Date</b>	<b>To Date</b>	<b>Salary</b>	<b>Reason for Leaving</b>
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**Work Performed (Duties)**

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**Employer** **Address** **Phone #**

<b>Position</b>	<b>Supervisor</b>	<b>Start Date</b>	<b>To Date</b>	<b>Salary</b>	<b>Reason for Leaving</b>
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**Work Performed (Duties)**

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**Employer** **Address** **Phone #**

<b>Position</b>	<b>Supervisor</b>	<b>Start Date</b>	<b>To Date</b>	<b>Salary</b>	<b>Reason for Leaving</b>
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**Work Performed (Duties)**

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**PROFESSIONAL EXPERIENCE: PLEASE CHECK AREAS OF EXPERIENCE. IN APPROPRIATE BOX**

AREA	YRS EXP	AREA	YRS EXP	AREA	YRS EXP	AREA	YRS EXP
Alcohol		ICU		Nursing		Private Duty	
Burns		Industrial Nursing		Nursing Home		Psychiatric	
CCU		IV Therapy		Oncology		Recovery Rm.	
Charge		Labor & Delivery		Operating Rm.		Rehabilitation	
Dialysis		Medical Floor		Orthopedics		Surgical Floor	
Doctors Office		Medications		O-B/GYN		Telemetry	
Emergency Rm.		Neonatal CCU		Pediatrics		TPN Therapy	
Home Health Ct		Neurological		Pediatrics ICU		Urology	

**HHA, PCA, CNA: PLEASE CHECK SKILLS EXPERIENCE IN APPROPRIATE BOX**

SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO
Back Rubs			Dressing Change			Meal Preparation			Shampoo		
Bed Bath			Enema			Oral Hygiene			Shower		
Blood Pressure			Hoyer Lift			Patient Feeding			TPR		
Charting			Intake & Output			Patient Weighing			Transfer		
Marketing			House Cleaning			Range of Motion			Tub Bath		

I certify that information given herein are true and complete. I authorize investigation of all statements made on this application. In the event of employment, I understand that false or misleading information given may result in discharge. I also understand, that I am required to abide by the rules and regulations of NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) and HOPE HOME CARE, INC. (HHCI)

**Signature:** \_\_\_\_\_

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