

175 South 9th Street
 Brooklyn, N.Y. 11211
 Tel: (718) 218-8991
 Fax:(718) 218-8149



New Applicants

Last Name _____

First Name _____

Application Date ____ / ____ / ____

Orientation Date ____ / ____ / ____

For the completion of your application, please provide us with the following documents at your earliest convenience. Should you have any questions, please call the **HUMAN RESOURCE DEPT Lupe x 269, Sharon x 224, Natella x 228.**

Valid Photo ID (can not be faxed)

Professional References

New York State ID

Reference Letter 1

Example: Baby Sitting, Housekeeping, Church, Landlord, other Job

School ID w/ Photo

Reference Letter 2

Example: Baby Sitting, Housekeeping, Church, Landlord, other Job

Passport

Physical

Work Authorization Card

Physical Form (dated in the past 6 months)

Permanent Resident Card (green card)

1st Step PPD (if positive, 2nd step not necessary)

Other _____

2nd Step PPD

Social Security Card (can not be faxed)

Chest X-Ray Results

(only if 1st or 2nd step ppd is positive)

Personal Care Aide Certificate

Lab Results-Rubella Titer w/ reference range

If negative vaccine must be given

Home Health Aide Certificate

Lab Results-Rubeola Titer w/ reference range

If negative vaccine must be given

Home Health aide Training

Evaluation Form as of 2/1/2012

Lab Results-Mumps Titer w/ reference range

If negative vaccine must be given

Needs Work Verification 2012

Lab Results-Varicella Titer w/ reference range

If negative vaccine must be given

Proof of address

Lab Results- 10 Panel Drug Screen

(must state **chain of custody** on lab result and must be dated in the past 2 months)

Applications are given out Monday-Thursday 10am-3pm.

Thank you for your prompt attention on this matter.

Nursing Personnel Homecare, Inc.

Employment Application

Position applied for: HHA PCA LPN RN Office Staff Date: ____/____/2013

Name: _____

Address: _____
(street) (apt #) (city) (state) (zip code)

Telephone#: _____ Cell#: _____ Beeper#: _____ Other#: _____

Emergency Contacts:

Name: _____ Relationship: _____ Telephone#: _____

Name: _____ Relationship: _____ Telephone#: _____

Locations I am willing to work in: Brooklyn Queens Manhattan Bronx Long Island

*Are you willing to travel to an assignment? No Yes, how far? _____

Please note: while we try to accommodate preferences we cannot guarantee assignments in any specific area, and refusal to work can result in termination of employment.

Type of employment desired: Full-time Part-time Seasonal/Holiday Live-In Nights only

For part-time or seasonal please specify days and hours: _____

Were you previously employed by us? No Yes, when _____

How were you referred to us? Employee Advertisement Walk-in School Other _____

Educational Background

Education	Name/Location of School	Course of Study	Circle last year completed	Did you graduate?	Type of Diploma or Degree
High School			9/10/11/12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 / 2 / 3 / 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training School			1 / 2 / 3 / 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

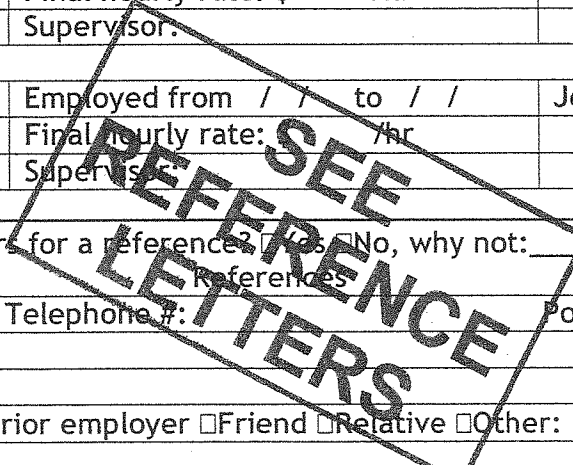
Employment History-Please list 2 most recent employers

Employer:	Employed from / / to / /	Job title & responsibilities:
Address:	Final hourly rate: \$ /hr	
Telephone#:	Supervisor:	

Employer:	Employed from / / to / /	Job title & responsibilities:
Address:	Final hourly rate: \$ /hr	
Telephone#:	Supervisor:	

Reason for leaving last job: _____

May we contact the above employers for a reference? Yes No, why not: _____



Name:	Telephone #:	Position:
Address:		
Name & Address of company:		
Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Prior employer <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other:		

Name:	Telephone #:	Position:
Address:		
Name & Address of company:		
Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Prior employer <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other:		

Have you been convicted of a felony, misdemeanor, or other crime? (such information may be relevant but may not bar you from employment) No Yes, explain _____

Do you have any objection to I9 verification or a criminal background check being done on you? No Yes

My signature below certifies that the information I have provided herein is correct and if found to be false my employment with NPH can be terminated without explanation.

/ / 2013

Employee Name	Employee Signature	Date
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AUTHORIZATION TO RELEASE INFORMATION

Date: ___/___/2013

Name of Employee(print)_____

I hereby consent to the release of any of the following information that may need to be obtained or verified in the course of my employment with Nursing Personnel Homecare, Inc.

- Personal records
- Employment records/HHA/PCA Certificate (Home Care Registry)
- Medical records including, PPD and/or QuantiFERON testing, Rubella and Rubeola Titers and vaccinations, physical exams, Chest X-rays, drug screening, and other medical conditions that may impair my ability to function in my designated job.
- Criminal Background check/records/finger printing/I9 E-verify
- Financial records concerning previous employment

I authorize Nursing Personnel Homecare to contact any doctors, prior employers, etc.; to obtain and examine this information and that it is to be used for **EMPLOYMENT RELATED PURPOSES ONLY**.

Nursing Personnel Homecare, Inc. may obtain information directly from the providers by fax, e-mail, telephone, or mail.

A copy of this signed form shall be deemed to be as valid as the original.

I hereby release Nursing Personnel Homecare, Inc. from all legal responsibility or liability that may arise from compliance with this consent and request contained herein.

I understand that any information obtained in the use of this authorization may be used to evaluate my suitability for employment and/or continued employment.

My signature confirms that I have read and understand all of the above.

_____/_____/2013
Employee Signature Date

_____/_____/2013
NPH Witness Signature Date



175 South 9th Street
Brooklyn, New York 11211
(718) 218-8991
(866) 590-9866 (fax)

Date: ___/___/2013

Addendum to Application:

DISCLOSURE OF CRIMINAL HISTORY RECORD INFORMATION OR OPEN CHARGES

Nursing Personnel places home health aides and other health care workers in positions of trust to a vulnerable population of sick and elderly persons. It is essential that we satisfy ourselves that we are not putting the patients at risk. You must disclose any pending arrests or criminal charges. You must also disclose any prior criminal convictions, whether for misdemeanors or felonies.

Nursing Personnel will not automatically disqualify you from employment if you have a criminal conviction that is more than ten years old, but you must disclose your full history of convictions. A criminal conviction involving theft or other dishonesty or any mistreatment of children or adults will not be acceptable. Nursing Personnel reserves the right to determine whether other prior criminal history will prevent your hiring. **Failure to disclose is grounds for automatic declination of employment.**

Explain: _____

Name: _____

Signature: _____