

## **Home Attendant**

Name:	SS#:	
Address:		
Telephone#:	_ Cell#:	
Are you 18 years of age or older? [] Y	es []No	
Are you legally authorized to work in the (Proof of identity and employment eligibi		[ ] No
Highest level of education completed:		
What language(s) do you speak?		
Are you certified as a Personal Care Aide Home Health Aide [ ] Yes [ ] No (If yes, please provide copy of certificate)		
Availability:		
24 hours Live- in Weekends _	Day Shift	Night Shift
Availability: Sat Sun Mon	Tues Wed	Thur Fri
Do you have any experience working with	n the elderly? If so, please	describe:
Employment History (Please	e list your 2 most recent e	mployers)
1. Former Employer's Name:Address:		
Telephone: Job duties/description:	Years worked there: From	
2. Former Employer's Name:		

Address:			
Telephone:	Years v	vorked there: From:	To:
Job duties/d	escription:		
	Personal References (Not former	employers or relatives)	
Name	Address	Telephone	Email
I affirm that the	above information is true to the b	est of my knowledge.	
Applicant's sign	nature	Date	
	NON-DISCRIMINATO	ORY CLAUSE	
Corporation all against because status, sexual or employment dec training and app layoff and termi funded (in part)	exiting laws and carrying out phi employees and applicants for emp of race, creed, color, religion, nat ientation, affectional preference, cisions, including but not limited erenticeship, promotion, upgrading nation and all other terms and con under an agreement with the Dep rk to provide Home Attendant ser	ployment shall not be discritional origin, sex, age, disactitizenship status or veterato recruitment, hiring, comg, demotion, downgrading additions of employment. Startment of Social Services	riminated bility, marital in status in all appensation, transfer, St. Nicholas is
Interviewer:	FOR OFFICE US	SE ONLY Date:	
Comments:			