



Dear Applicant,

Please provide the items below upon submission of application or else it will not be accepted.

For Human Resources we need:

- 1 Document that establishes both identity and employment authorization

OR

- 1 Document that establishes identity

AND

- 1 Document that establishes employment authorization

***See an attached list of acceptable documents**

- If you are already certified we request a copy of your Certified Nurse's Aide License, Home Health Aide Certificate, or Personal Care Aide Certificate with proof of hours of in-service training.

For Medical Records we need:

-Proof of one live Rubella vaccination.

-Proof of two live Rubeola vaccinations. (Two MMR vaccinations will justify the Rubella, Rubeola and Mumps requirements.)

-If you cannot provide proof of immunizations, **positive titers** will be accepted.

-Proof of Influenza immunization for the current flu season if you have received it. Flu season is defined by NYS DOH.

-If you decline to receive the Influenza immunization, a declination form must be signed at time of hire and you will be required to wear a face mask at all times while providing direct patient care.

-An EMPLOYEE PHYSICAL EXAM form (attached) to be completed and signed by a physician. This New Beginnings Home Care, Inc. form must be completed and submitted to be considered for employment.

-A current TB (PPD) skin test with negative results signed by a physician.



LISTS OF ACCEPTABLE DOCUMENTS (All documents must be UNEXPIRED)

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C

LIST A

Documents that Establish both identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
 - a. Foreign passport; and
 - b. Form I-94 or Form I-94A that has the following:
 - (1) The same name as the passport and
 - (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

-OR-

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card draft record
6. Military dependents ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery record

-AND-

LIST C

Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
 1. NOT VALID FOR EMPLOYMENT
 2. VALID FOR WORK ONLY WITH INS AUTHORIZATION
 3. VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-45)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security



Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(Please Print)

Date of Application _____

Position(s) Applying for _____

Referral Source: Craigslist Dept. of Labor Walk-In Radio Website: _____

Newspaper _____ Friend/Relative - Name _____

Job Fair- Location _____ Other _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone (Cellular) _____ (Home) _____

E-mail Address _____

Social Security Number _____ - _____ - _____

Are you known by any other first and/or last name? _____

If employed and you are under 18, can you furnish a work permit? Yes No N/A

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No

If Yes, give date _____ to _____

Reason for resignation or discharge: _____

Are you employed now? Yes No

May we contact your present and all previous employers? 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 may be required upon employment)

On what date would you be available to work? _____

An Equal Opportunity Employer M/F/V/H



Employment Experience

Start with your present or most recent employment

Employer	Telephone	Start Date	Start Salary/Wages	Work Performed
Address	Job Title	End Date	End Salary/Wages	
Reason for leaving				Supervisor
Employer	Telephone	Start Date	Start Salary/Wages	Work Performed
Address	Job Title	End Date	End Salary/Wages	
Reason for leaving				Supervisor
Employer	Telephone	Start Date	Start Salary/Wages	Work Performed
Address	Job Title	End Date	End Salary/Wages	
Reason for leaving				Supervisor

Availability

Please note that this application is a legal document and you will be held accountable to any and all statements made.

Are you available to work Full Time Part- Time Per Diem Temporary

Which shifts are you able and willing to work: (Select all that apply)

Days Early Mornings Overnights Weekends 10+ hours Holidays Any

Please list any cities and/or counties you are able and willing to work:

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

I travel to work by (Please check all that apply): Drive (own vehicle) Drive (shared vehicle) Public Transportation Walk Locate Rides

What is the greatest distance you are able and willing to commute to work?

0-5 miles 5-10 miles 10-20 miles 20-30 miles 30-50 miles 50+ miles



Special Skills and Qualifications

Summarize special training, skills and qualifications acquired from employment or other experiences.

Describe any training or experience working with the elderly and/or disabled.

Do you have any experience in the following areas? Please check all that apply.

- ADLs Bed Baths Transfers Assistive Devices (Wheelchairs, canes, walkers)
- Nutrition Medication Childcare End of life care N/A

Have you ever worked with anyone with the following diseases or conditions?:

Please check all that apply.

- Alzheimer's Dementia Developmentally Disabled Seizures TBI

Are you a veteran of the U.S. Military service? Yes No

If Yes, Branch _____

Have you been convicted of a felony/misdemeanor within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, Please explain _____

Emergency Contact

Name	Phone Number	Relationship to you
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References

Give names, telephone number, and relationship of three references, preferably current or previous co-workers. **(Not related to you or previous supervisors)**

Name	Phone Number	Relationship to you
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Name	Phone Number	Relationship to you
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Name	Phone Number	Relationship to you
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Education

	Elementary	High	College/University	Graduate/Professional
School Name and Location				
Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I hereby authorize New Beginnings Home Care, Inc. to obtain a copy of my personal Credit Bureau report, Criminal Report, and Private Investigators Report, to utilize these reports in evaluation of my application.

I hereby authorize New Beginnings Home Care, Inc. to release any factual information during my employment with New Beginnings Home Care, Inc. as requested by federal or state entities.

In the event of employment, I understand that false or misleading information in my application of interview (s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of New Beginnings Home Care, Inc.

Signature of Applicant

Date



Employee Reference Request Release

I, _____, hereby authorize _____
(EMPLOYEE) (Name of CURRENT/MOST RECENT EMPLOYER)

to release any records related to my past employment and work history to New Beginnings Home Care, Inc. I release and forever discharge the above named current or former employer and New Beginnings Home Care Inc. of any and all claims related to this Employee Reference Request Release and any related exchange of records or other communications related to my past employment.

Name

Social Security Number

Signature

Date

(TO BE COMPLETED BY CURRENT OR PREVIOUS EMPLOYER)

Please answer the following questions as thoroughly as possible regarding the above named individual and their employment with your company. Thank you in advance for your assistance in providing this information.

Start Date	End Date
Final Position/Title	Final Salary/Wages
Position summary	
Attendance Record: Number of Absences in the Past Year: _____ Number of Tardies in the Past Year: _____	
Has employee ever not reported to a shift without notification prior to shift?	
Reason(s) for separation of employment:	
Is this individual eligible for rehire?	
Signature :	Date:
Printed Name:	Title:



EMPLOYEE PHYSICAL EXAM

Position applied for: _____

Date of exam: _____

Employee name: _____

Date of birth: _____

Vitals: Temp _____ Pulse _____ Resps _____ B/P _____ Height: _____ Weight: _____

SYSTEM	NORMAL	ABNORMAL	If abnormal please explain
Skin			
Eyes			
Ears			
Nose			
Mouth			
Throat			
Respiratory			
Cardiac			
Gastro			
GU			
Neurological			
Musculoskeletal			

By my signature I hereby consent to have the examining physician release any and all information requested by New Beginnings Home Care, Inc.

Employee Signature

Date

To the best of my knowledge I have determined that as of this date, this individual is free from any health impairments which are of potential risks to patients or which might interfere with the performance of their duties, and that there is no evidence that they have habituation or addictions to depressants, stimulants, narcotics, alcohol or any other substance that may alter their behavior

MD PRINT NAME and TITLE

MD SIGNATURE

DATE

PPD Testing Information Must be read and signed by an RN or higher:

Date placed: _____	Site: _____	Signature: _____
Manufacturer: _____	Lot#: _____	Expiration: _____
Date read: _____	Results: _____	PRINT Name and Title _____ Signature _____ License # _____
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