



Applicant Name:	
Date:	
Street Address:	
City/State	
Phone Number:	
E-Mail:	

How did you hear about Upstate Home Health Care Solutions, LLC?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Internet Posting	<input type="checkbox"/> Referral	<input type="checkbox"/> Other		
What type of hours are you interested in?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> 1 st Shift	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> 3 rd Shift	
What hours are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What is your desired hourly rate?						

Work Authorization

In accordance with the US immigration Reform & Control Act of 1986, all candidates hired will be required to comply with the employment eligibility verification provisions as a condition of employment. Please answer the following question:

Are you currently authorized to work in the United States? Yes No

Education

High School Name:	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> N/A
Undergraduate School Name:	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> N/A
Graduate School Name:	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> N/A
Additional Training and Certifications:			

Employment History 1

Company Name	Position Held	Reason for Leaving	Start Date	End Date	Pay Rate
Company Address	Duties	Supervisor Name	Contact #	May we contact this employer?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History 2

Company Name	Position Held	Reason for Leaving	Start Date	End Date	Pay Rate
Company Address	Duties	Supervisor Name	Contact #	May we contact this employer?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History 3

Company Name	Position Held	Reason for Leaving	Start Date	End Date	Pay Rate
Company Address	Duties	Supervisor Name	Contact #	May we contact this employer?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History 4

Company Name	Position Held	Reason for Leaving	Start Date	End Date	Pay Rate
Company Address	Duties	Supervisor Name	Contact #	May we contact this employer?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History 5

Company Name	Position Held	Reason for Leaving	Start Date	End Date	Pay Rate
Company Address	Duties	Supervisor Name	Contact #	May we contact this employer?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Background Authorization

Any offer of employment is contingent upon successful completion of a drug screen and a background check. Are you willing to submit to such?

Yes

No

For the next 3 questions, Please read carefully: Information you provide regarding criminal offenses may not necessarily bar you from employment with Upstate Home Health Care Solutions, LLC. However, failure to disclose information is considered falsification and will disqualify you from current and future employment. This information will remain confidential and shared only on a need to know basis with appropriate personnel.

Felony Convictions

Have you had any felony convictions, felony guilty pleas, or felony pleas of no contest, within the past 7 years or for which you have served a sentence, or were on prison release, parole or probation? If yes, please provide the date, location and nature of the conviction.

Disclaimer: If your conviction was entered in New Jersey or Maine: The state in which you were convicted does not categorize criminal offenses as "felonies", please provide your answer with respect to all convictions in the next question. California residents or applicants: Do not include misdemeanor marijuana possession convictions more than two years old in your answer to the next question.

Yes

No

Misdemeanors

Have you had any misdemeanor convictions, guilty pleas, or pleas of no contest within the past 7 years for which you have served a sentence, or were on prison release, parole or probation? If yes, please provide the date, location and nature of the conviction.

Yes

No

Motor Vehicle Offenses

Have you had any moving traffic violation convictions, guilty pleas, or pleas of no contest, for which the date is within three (3) years or have you received any speeding tickets within the last three (3) years? If yes, please provide the date, location and nature of the conviction.

Yes

No

Non-Compete

Have you ever signed a non-compete agreement that may prohibit you from performing the required duties at Upstate Home Health Care Solutions, LLC?

Yes

No

If yes, please provide details of the non-compete agreement. In addition, you are responsible for providing a copy of the non-compete agreement to Upstate Home Health Care Solutions, LLC. Should the non-compete agreement be a conflict of interest with Upstate Home Health Care Solutions, LLC, it is the responsibility of the applicant to provide Upstate Home Health Care Solutions, LLC with the legal authorization to proceed with the application process.

By signing this application, you are agreeing that the information provided in this application is accurate to the best of your ability. Any consideration for employment with Upstate Home Health Care Solutions, LLC is contingent upon the successful completion of a pre-employment drug screen, criminal background check, education verification, employment reference checks and personal reference checks as deemed appropriate by Upstate Home Health Care Solutions, LLC during the hiring process. Failure to provide accurate information in this application is considered falsification and will disqualify you from current and future employment at Upstate Home Health Care Solutions, LLC. Completion of this application does not guarantee employment nor does it imply any contractual agreement. All employment with Upstate Home Health Care Solutions, LLC is at-will employment. At-will employment means either you or Upstate Home Health Care Solutions, LLC may terminate employment with or without notice and with or without cause other than reasons prohibited by law.

Applicant Signature _____ Date: _____