

FOREMOST HOME CARE EMPLOYMENT APPLICATION

PRINT THIS FORM AND FAX TO: 212-564-7517

PLEASE PRINT ALL INFORMATION CLEARLY

Position applying for: RN [] LPN [] HHA [] PCA []
Certification: PCA [] HHA [] Professional License: LPN [] RN []
Certificate/License #: _____ State: _____ Expiration Date: _____

Name: _____
Telephone: () _____ Social Security #: _____
Street: _____
City: _____ State: _____ Zip Code: _____

Are you 18 years of age or older? YES [] NO []
Are you a U.S citizen? YES [] NO []
Are you a legal resident? YES [] NO []
If not, do you have the legal right to work in the U.S? YES [] NO []

Previous Employment (Most Recent Position First)					
From	To	Name & Address of Previous Employer or Reference	Job Description	Pay Rate	Reason for Leaving

Education				
	Name of School	Did you graduate?	Subject	Degree
High School				
College				
Nursing School				
Aide Training				
Other				

Have you ever been arrested? YES [] NO []
Have you ever been convicted of a crime? YES [] NO []
Will you work? Days [] Evenings [] Nights [] Weekends []

Area(s) preferred: _____

Do you drive? YES [] NO [] Own a car? YES [] NO []
Do you have a valid NYS Driver's License? YES [] NO []

Do you mind pets? YES [] NO [] Allergies? YES [] NO []
Work with children? YES [] NO [] Any age? YES [] NO []

Please Read and Sign

I affirm to the best of my knowledge , the information given on this application is true and may be verified.

I hereby authorize this company, and also authorize and request each former employer and person, firm or corporation given as a reference, to answer all questions that may be asked, and give all information that may be sought in connection with this application or concurring me or my work, habits, character or skill or my action in any transaction. If employed, I agree that if at any time I shall make claims against the company for persaonl injuries, upon written request I will submit myself to an examination by a physician or physicians of the company's selection as often as may be requested.

Signature: _____ Date: _____

FOREMOST HOME CARE is an Equal Opportunity Employer and complies with Federal, State and Local laws which prohibit direct discrimination in employment because of race, color, creed, age, sex, martial status, national origin or disability.