



P&M HOME CARE SERVICES INC.

47-40 48th Street, Suite 1R • Woodside, NY 11377
Phone: (800) 586-1066 Fax: (718) 383-0744
N.Y.C. Department of Consumer Affairs License No. 1163052

EMPLOYMENT APPLICATION

P&M Home Care Services Inc. will use its best efforts to assist you in finding a position as a Caregiver, Companion, Home Health Aide or Certified Nursing Assistant.

PERSONAL INFORMATION*

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip Code _____
Social Security Number _____
E-mail Address _____
Home Phone _____ Cellular Phone _____
Are You Allergic To Any Pets? () No () Dogs () Cats
What Languages Can You Speak? _____
Are You Legally Eligible To Work In This Country? () Yes () No
Have You Ever Been Convicted Of A Crime? () Yes () No
If You Answered Yes Above Explain _____

JOB INFORMATION*

Position Desired () Live In () Live Out () Weekend () I'm Flexible
When Are You Available To Start Work? () Immediately () Other
Least Amount Of Salary Acceptable? () Live In \$ _____ per day. () Live Out \$ _____ per hour.

ELDERLY CARE EXPERIENCE*

Check all that apply. () Alzheimer's () Stroke () Cancer () Diabetes () Dementia
() Heart Attack () Parkinson's () Other

EDUCATION*

High School Name _____ Year Graduated _____
High School Education Completed () 9 () 10 () 11 () 12
College Name _____ Year Graduated _____
College Major _____ Years Completed _____
Other Training School Name _____ Course Of Study _____
Certifications: () CPR () First Aid () HHA () CNA () Other

PERSONAL REFERENCES*

Name - 1	Relationship
Phone Number	Length Of Time Known
Name - 2	Relationship
Phone Number	Length Of Time Known

EMPLOYMENT REFERENCES*

Employer Name	
Was This Position () Live In () Live Out	
Address	
Start Date	End Date (Leave Blank If Still Employed)
Job Duties (Describe)	
Employer Name	
Was This Position () Live In () Live Out	
Address	
Start Date	End Date (Leave Blank If Still Employed)
Job Duties (Describe)	
Salary	Reason For Leaving

Authorization To Release Information Disclaimers

***Authorization for Release of Information**

I hereby authorize P&M Home Care Services Inc. (hereafter "the Agency), to perform investigations into my background, past behavior, mode of living and financial history and to my character and general reputation. In addition, I further authorize investigations of the following: **Consumer Reports:** I authorize the Agency to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records or other sources of information. **Education:** I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. **Employment:** I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results. **Authorization to Release:** I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of the Agency. I understand that these investigations or inquiries can be performed prior to my referral or placement. **Re-disclosure:** I understand that the information requested is for the use by the Agency and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Agency a written disclosure of the nature and scope of the investigation conducted that I authorized above. **Indemnification:** I indemnify, release, and hold harmless the Agency, any agents of the Agency, or others reporting to or for the Agency, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. **Signature:** Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me. Please sign your name below:

IMPORTANT: It is against the law for the employment agency to charge a registration or application fee. The agency can only collect a deposit if you are applying for certain types of jobs. YOU ARE ENTITLED TO A REFUND. IF A REFUND IS NOT MADE WITHIN SEVEN (7) DAYS OR YOU HAVE A COMPLAINT OR NEED MORE INFORMATION CALL 3-1-1.

Name (please print)	Signature	Date
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