



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
 Hollis, NY 11423
 Phone: (718) 261-6400
 Fax: (718) 261-2001

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION							
Name: _____							
Last	First						Middle
Address: _____							
Street			Apt #		City, State, Zip		
Telephone: () _____				Alt. Phone: () _____			
Email: _____@._____							
Social Security #: _____ - _____ - _____				Maiden Name: _____			
Emergency Contact:							
Name: _____ Relationship: _____							
Tel #: _____							
1. Are you a citizen of the United States? _____ If not, do you have the right to remain permanently and work in the Unites States? _____							
2. Position applied for: _____ Date available to start: _____							
3. Languages spoken: _____							
4. Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Car							
5. AVAILIBILITY							
<i>Days</i>	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Time</i>							
Available for: <input type="checkbox"/> Live-in <input type="checkbox"/> Night Shifts							
6. Have you ever worked for Lynn Agency before? _____							
If yes, what were the dates of employment? _____							
7. How did you hear about Lynn Agency? _____							
8. Do you currently have Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Are you licensed to operate a motor vehicle in the state of New York? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EDUCATION

High School attended: _____

Address: _____ Attended from: _____ To: _____

Graduate? Yes No Degree: _____ Major: _____

College attended: _____

Address: _____ Attended from: _____ To: _____

Graduate? Yes No Degree: _____ Major: _____

Technical School attended: _____

Address: _____ Attended from: _____ To: _____

Graduate? Yes No Degree: _____ Major: _____

Other School attended: _____

Address: _____ Attended from: _____ To: _____

Graduate? Yes No Degree: _____ Major: _____

List below all present and past employment; beginning with your most recent. For all periods of unemployment in excess of three months, please give an explanation.

1. From: _____ To: _____ Job Title: _____

Name of employer: _____

Address of employer: _____ Zip Code: _____

Telephone number of employer: _____

Reason for leaving: _____

2. From: _____ To: _____ Job Title: _____

Name of employer: _____

Address of employer: _____ Zip Code: _____

Telephone number of employer: _____

Reason for leaving: _____

3. From: _____ To: _____ Job Title: _____

Name of employer: _____

Supervisor's Name: _____

Address of employer: _____ Zip Code: _____

Telephone number of employer: _____

Reason for leaving: _____

PERSONAL REFERENCES

Give the name of three persons (that did not work with you and are **not** related to you).

NAME	ADDRESS & TELEPHONE	OCCUPATION

1. Have you ever served in the United States Armed Forces? _____
If yes, state dates and rank: _____
2. Have you ever been accused or convicted of patient or resident abuse? _____
If yes, please explain: _____
3. Have you ever been convicted of a crime or violation, other than a traffic infraction? _____
If yes, please explain: _____

I hereby state that all of the forgoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal. I further give my permission for this agency to verify all schooling and references.

Signature of Applicant

Date

OFFICE USE ONLY

Date of interview: _____

Comments: _____

Interviewer: _____

Reference check:

Date sent	Date received	Results	Verified by

Date of orientation: _____

Date of hire: _____



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
 Hollis, NY 11423
 Phone: (718) 261-6400
 Fax: (718) 261-2001

PERSONAL REFERENCE

Applicant's Name: _____

Applicant's Address: _____

Position Applied For: _____

Personal Reference Name: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____

OFFICE USE ONLY	
Date Sent:	_____
Date Received:	_____
Verified with:	_____
Verified Date:	_____
Verified By:	_____
Title:	_____

I have made an application to Lynn Agency, a Home Care Services Agency, for employment. I request and authorize you to release all information requested below.

 Signature of Applicant

 Date

The above named individual has applied for employment with our company and authorizes you to provide the following information under the provisions of the Privacy Act of 1974. All information is kept confidential. Thank you for your cooperation.

How long have you known the above named individual? _____

PLEASE RATE THE FOLLOWING

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Appearance				
Attitude				
Cooperation				
Copes with Difficult Situations				
Dependability				
Honesty & Character				
Judgment				
Quality of Work				
Stability				

Additional Comments: _____

Print Name: _____

Your Signature: _____



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
 Hollis, NY 11423
 Phone: (718) 261-6400
 Fax: (718) 261-2001

PERSONAL REFERENCE

Applicant's Name: _____

Applicant's Address: _____

Position Applied For: _____

Personal Reference Name: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____

OFFICE USE ONLY	
Date Sent:	_____
Date Received:	_____
Verified with:	_____
Verified Date:	_____
Verified By:	_____
Title:	_____

I have made an application to Lynn Agency, a Home Care Services Agency, for employment. I request and authorize you to release all information requested below.

 Signature of Applicant

 Date

The above named individual has applied for employment with our company and authorizes you to provide the following information under the provisions of the Privacy Act of 1974. All information is kept confidential. Thank you for your cooperation.

How long have you known the above named individual? _____

PLEASE RATE THE FOLLOWING

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Appearance				
Attitude				
Cooperation				
Copes with Difficult Situations				
Dependability				
Honesty & Character				
Judgment				
Quality of Work				
Stability				

Additional Comments: _____

Print Name: _____

Your Signature: _____



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
 Hollis, NY 11423
 Phone: (718) 261-6400
 Fax: (718) 261-2001

CONFIDENTIAL EMPLOYMENT REFERENCE

OFFICE USE ONLY
OFFICE USE ONLY
Date Sent: _____
Date Received: _____
Verified with: _____
Verified Date: _____
Verified By: _____
Title: _____

Applicant's Name: _____

Applicant's SS#: _____

Position Applied For: _____

Previous/Present
 Present/Previous

COMPANY NAME: _____

Position Held: _____

Address: _____

Dates of Employment: _____

City, State & Zip Code: _____

Contact Person: _____

Telephone: _____

Relationship to Applicant: _____

I have made an application to Lynn Agency, a Home Care Services Agency, for employment. I request and authorize you to release all information requested below, including my performance while associated with you or your firm.

 Signature of Applicant

 Date

The above named individual has applied for employment with our company and authorizes you to provide the following information concerning past performances under the provisions of the Privacy Act of 1974. All information is kept confidential. Thank you for your cooperation.

To be completed by Previous/Present Employer:

Position held: _____ Dates of Employment: _____

Reason for Separation: _____

Would you Re-Hire? _____ If no, Why? _____

Please Rate the Following:

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Cooperation				
Copes with Difficult Situations				
Dependability				
Honest & character				
Initiative				
Interpersonal Skills				
Job Knowledge				
Judgment				
Quality of Work				
Stability				

Signature/Title of Individual Completing this form: _____ Date: _____



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
 Hollis, NY 11423
 Phone: (718) 261-6400
 Fax: (718) 261-2001

CONFIDENTIAL EMPLOYMENT REFERENCE

OFFICE USE ONLY
Date Sent: _____
Date Received: _____
Verified with: _____
Verified Date: _____
Verified By: _____
Title: _____

Applicant's Name: _____
 Applicant's SS#: _____
 Position Applied For: _____

Previous/Present
 Present/Previous
 COMPANY NAME: _____ Position Held: _____
 Address: _____ Dates of Employment: _____
 City, State & Zip Code: _____ Contact Person: _____
 Telephone: _____ Relationship to Applicant: _____

I have made an application to Lynn Agency, a Home Care Services Agency, for employment. I request and authorize you to release all information requested below, including my performance while associated with you or your firm.

 Signature of Applicant Date

The above named individual has applied for employment with our company and authorizes you to provide the following information concerning past performances under the provisions of the Privacy Act of 1974. All information is kept confidential. Thank you for your cooperation.

To be completed by Previous/Present Employer:				
Position held: _____		Dates of Employment: _____		
Reason for Separation: _____				
Would you Re-Hire? _____ If no, Why? _____				
Please Rate the Following:				
EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Cooperation				
Copes with Difficult Situations				
Dependability				
Honest & character				
Initiative				
Interpersonal Skills				
Job Knowledge				
Judgment				
Quality of Work				
Stability				
Signature/Title of Individual Completing this form: _____				Date: _____

188-11 Hillside Avenue
Hollis, NY 11423
Phone: (718) 261-6400 Fax: (718) 261-2001

DOCUMENT WRITTEN VERIFICATION FORM

Applicant's Name: _____

Applicant's Address: _____

Social Security #: _____ Applicant's Title: _____

License Registration #: _____ Expiration Date: _____

RELEASE: *I hereby give permission for the above named agency to verify my documents in writing.*

_____ Date _____ Applicant's Signature

To: _____

The above named person has applied for employment with our agency. It is our policy to verify documents in writing. Please verify the above information and return this form to us. Thank you.

_____ Verified _____ Not Verified

OFFICE USE ONLY:

_____ Signature and title of person reviewing this form _____ Date



A Commitment to Excellence in Home Care
188-11 Hillside Avenue
Hollis, NY 11423
(718) 261-6400 Fax (718) 261-2001

DOCUMENT ORAL VERIFICATION FORM

Applicant's Name: _____

Applicant's Address: _____

Social Security #: _____

Applicant's Title: _____

License Registration #: _____

Expiration Date: _____

RELEASE: *I hereby give permission for the above named agency to verify my document.*

Date

Applicant's Signature

Orally verified with:

_____ New York State Department of Education
Who did you speak to? _____

_____ School of Training – Name of School: _____

_____ Unable to orally verify

OFFICE USE ONLY:

Signature and title of person reviewing this form

Date



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
Hollis, NY 11423
Phone: (718) 261-6400 Fax: (718) 261-2001

SKILLS SELF EVALUATION

PLEASE MAKE CHECK YES OR NO NEXT TO THE SKILL
YES – YOU FEEL CONFIDENT PERFORMING THIS SKILL
NO – YOU FEEL YOU NEED HELP WITH THIS SKILL

	YES	NO
1. Making a bed occupied and unoccupied	_____	_____
2. Bathing, sponge, shower, tub	_____	_____
3. Shampoo – bed or shower	_____	_____
4. Oral hygiene	_____	_____
5. Denture Care	_____	_____
6. Skin Care	_____	_____
7. Applying Lotion	_____	_____
8. Shaving	_____	_____
9. Dressing	_____	_____
10. Elastic Sticking	_____	_____
11. Nail Care	_____	_____
12. Toileting	_____	_____
13. Colostomy Bag	_____	_____
14. Intake and Output	_____	_____
15. Weighing patient	_____	_____
16. Meals / Feeding	_____	_____

COMPLETE BOTH SIDES OF FORM AND SIGN ON REVERSE

	YES	NO
17. Transferring	_____	_____
18. Positioning in bed	_____	_____
19. Turning	_____	_____
20. Range of motion exercises	_____	_____
21. Use walker / cane	_____	_____
22. Temperature, pulse, respiration	_____	_____
23. Hand washing	_____	_____
24. Gloves	_____	_____
25. Change of clean dressing	_____	_____
26. Hoyer Lift	_____	_____

Signature: _____



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
Hollis, NY 11423
Phone: (718) 261-6400 Fax: (718) 261-2001

NOTICE TO APPLICANTS FOR DIRECTCARE POSITIONS

Pursuant to title 10, section 400.23 of the New York Code of Rules and Regulations; Lynn Agency, Inc. is required to conduct a criminal background check of all applicants for employment in non-licensed positions providing direct resident care and/or supervision. Pursuant to these regulations we are required to notify you of the following:

You fingerprints will be submitted to the New York State Department of Health. They will forward such information to the Attorney General of the United States, who will then conduct a full search of the records of the Federal Bureau of Investigation to ascertain if you have any record of criminal conviction.

The Attorney General will provide its findings to the New York State Department of Health, which will in turn forward the results to our office. If the background check reveals that you have been convicted of certain enumerated crimes, your application for employment will be rejected. If you have been offered provisional employment, such employment will be terminated.

Pursuant to the regulations, you have the right to:

- Obtain a copy of the results of the criminal background check, review the information contained and explained same.
- Withdraw your application for employment without prejudice at any time before we make a decision. In such event, your fingerprint card will be destroyed as well as any information obtained in connection with the criminal background check.

The fingerprinting and criminal background checks are conducted at no cost to you.

Any information received about you as a result of a criminal background check will be used only for determining your suitability for employment in a position involving direct patient care or supervision. Such information will be treated as confidential and will not be disclosed to anyone else except as permitted by law.

If your employment application is denied because of information obtained during the course of a criminal background check, the agency will provide you with a written statement of our decision and the basis thereof.

I HAVE RECEIVED A COPY OF THIS NOTICE OF CRIMINAL BACKGROUND CHECK THE DATE SET FORTH BELOW:

SIGNATURE OF APPLICANT

NAME OF APPLICANT (PRINT)

DATE



A Commitment to Excellence in Home Care

188-11 Hillside Avenue
Hollis, NY 11423
Phone: (718) 261-6400 Fax: (718) 261-2001

AUTHORIZATION TO INITIATE DOH CHRC INVESTIGATION

I do hereby authorize Lynn Agency, Inc. and its duly authorized representatives, to initiate the New York State Department of Health mandated Criminal History Record Check Program (DOH CRC).

I authorize the search and exchange of records of the FBI's Criminal Justice Information Services Division as pertains to my application for employment at Lynn Agency, Inc.

SIGNATURE

FULL NAME (PRINT)

DATE

DESIGNATED LYNN AGENCY, INC.
EMPLOYEE WITNESS



APPLICANT'S PERSONAL RECORD STATEMENT

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____

Social Security Number: _____ Job Title: _____

Have you ever been convicted of a crime? Yes No

Have you ever been convicted of, or are you presently being charged with or under indictment for fraud abuse with regard to Medicare or Medicaid programs? Yes No

Have you ever been found guilty of, or are you presently being charged with professional malpractice? Yes No

If the answer to any of the above questions is **YES**, submit full details below:

I affirm, under penalty of perjury, that the above statements are true or correct.

Signature: _____

Date: _____

A CRIMINAL CONVICTION WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT WITH OUR COMPANY. FAIR CONSIDERATION WILL BE GIVEN TO YOUR FITNESS FOR EMPLOYMENT.