

**MID-HUDSON MANAGED HOME CARE, INC.**  
**Employment/Class Application for Aides**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
          Last                      First                      Middle Initial                      Maiden

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been convicted of a crime?     yes     no    (A conviction will not necessarily bar employment.)

Date Available to begin work: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Certification:    HHA    PCA    C N A    OTHER \_\_\_\_\_

Are you applying for (circle one) an hourly position or live-in position?

**Hourly Applicants only:**

How many hours per week can you work? \_\_\_\_\_

I am available to work:

Sunday:    From \_\_\_\_\_ to To: \_\_\_\_\_                      Monday:    From \_\_\_\_\_ to To: \_\_\_\_\_

Tuesday:    From \_\_\_\_\_ to To: \_\_\_\_\_                      Wednesday:    From \_\_\_\_\_ to To: \_\_\_\_\_

Thursday:    From \_\_\_\_\_ to To: \_\_\_\_\_                      Friday:    From \_\_\_\_\_ to To: \_\_\_\_\_

Saturday:    From \_\_\_\_\_ to To: \_\_\_\_\_

**Live-in Applicants only:**

How long do you stay on a case before going home for a break? \_\_\_\_\_

Mid-Hudson Managed Home Care, Inc. does not discriminate because of age, sex, disability, marital status, sexual orientation, citizenship, race, creed or national origin and is an equal opportunity employer.

The facts listed in my application are complete and true. I understand that if employed, false statements or material omissions on this application are cause for dismissal. I will, if employed, abide by all rules and regulations of the company and agree to take a physical examination, if required. Mid-Hudson Managed Home Care, Inc. may request an inquiry into my background which will supply information concerning my character, general reputation, personal characteristics and mode of living. I understand if any inquiry is made, more information as to the nature and scope of the inquiry will be supplied to me upon my written request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

List current (or most recent) employer first

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The facts listed in my application are complete and true. I understand that if employed, false statements or material omissions on this application are cause for dismissal. I will, if employed, abide by all rules and regulations of the company and agree to take a physical examination, if required. Mid-Hudson Managed Home Care, Inc. may request an inquiry into my work history, job performance and background which will supply information concerning my character, general reputation, personal characteristics and mode of living. I understand if any inquiry is made, more information as to the nature and scope of the inquiry will be supplied to me upon my written request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_