



APPLICATION FOR EMPLOYMENT

Date _____

Name _____

DOB _____

Social Security # _____

Maiden Name _____

Present address _____
Street city state zip

Phone # _____ Alt. Phone # _____

Are you employed now? _____ If so may we inquire of your present employer? Yes No

Are you on layoff and subject to recall? Yes No. Will you travel if required? Yes No

Will you relocate if job requires it? Yes No. Will you work overtime if required? Yes No

Are you able to meet the attendance requirements of this position? Yes No

If hired, are you willing to submit to a drug test? [] Y or [] N

Position and Availability

Position Applied For: _____ Salary desired: \$ _____

Are you applying for?

Part-time work? [] Y or [] N Full-time work? [] Y or [] N PRN as needed work? [] Y or [] N

Days/Hours Available:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Hours Available: from _____ to _____ if hired, on what date can you start working? ___/___/___

Can you work on the weekends? [] Y or [] N Can you work evenings? [] Y or [] N

Have you ever been convicted of a crime? If so do you currently have an open court case?

Explain _____



NYVA
HEALTHCARE SERVICES, LLC
 Providing Care In The Comfort Of Your Home

Driver's license number _____

State _____

Education/Training:

Education		Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades of Business	Currently Attending				
	Last Completed				

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company. _____

Do you speak any foreign languages? List:

Experience:

Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

References: Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted



EMPLOYMENT APPLICATION

INITIAL Conditions of Employment – please read carefully

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing. If required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company

Panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ Any Employee is required to notify the Agency with written notice no later than 72 hours after the arrest, conviction or notification that he/she has been listed as a perpetrator in the statewide database.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant

Date