



**HELPING HANDS**  
**HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.**  
Nassau (516) 489-6810      Suffolk (631) 261-0403  
Fax (631) 261-3083

**EMPLOYMENT APPLICATION**

HHA [ ]    PCA [ ]

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                                LAST                                  FIRST                                  MIDDLE

ADDRESS: \_\_\_\_\_  
                                STREET                                  CITY                                  ZIP CODE

TELEPHONE: \_\_\_\_\_ EMERGENCY/CONTACT #: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

SOC. SEC. #: XXX-XX-\_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

SCHOOLING: \_\_\_\_\_ OTHER TRAINING: \_\_\_\_\_

CERTIFICATE ISSUED BY: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR AGENCY?: \_\_\_\_\_

IF YOU HAVE WORKED WITH OTHER AGENCIES, PLEASE LIST NAME & ADDRESS:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**WORK REFERENCES**

(1) NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
WORKED PERFORMED: \_\_\_\_\_ STARTED: \_\_\_\_\_ ENDED: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
WORKED PERFORMED: \_\_\_\_\_ STARTED: \_\_\_\_\_ ENDED: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
WORKED PERFORMED: \_\_\_\_\_ STARTED: \_\_\_\_\_ ENDED: \_\_\_\_\_

I GIVE MY PERMISSION TO HAVE MY REFERENCES CHECKED:

\_\_\_\_\_  
SIGNATURE