



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

**APPLICANT'S PERSONAL RECORD STATEMENT**

Please print all information clearly.

Applicant Name \_\_\_\_\_ [ ] HHA [ ] PCA

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Have you ever been convicted of, or are you presently being charged with or under indictment for a misdemeanor?      [ ] yes      [ ] no

Have you ever been convicted of, or are you presently being charged with or under indictment for a felony?  
[ ] yes      [ ] no

Have you been designated an "Ineligible Person"?  
[ ] yes      [ ] no

If you answered yes to any of the above questions submit full details below.

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I am aware that a criminal background check will be performed and that **any falsification on this record statement may result in denial or termination of employment with Helping Hands.**

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

A criminal conviction will not automatically bar you from employment with our company. Fair consideration will be given for your fitness for employment. An ineligible person means an individual or entity who / which has been excluded, suspended, debarred or otherwise deemed ineligible to participate in a federally funded healthcare program and has not been reinstated after a period of exclusion, suspension, debarment or ineligibility.