



EMPLOYMENT APPLICATION

Thank you for your interest in Community Connection Healthcare, LLC (CCH). So that we will have all the information needed to give your application the attention it deserves, please be sure to read each section and complete it thoroughly. Do not reference resume. Incomplete applications will not be considered. If you require accommodation due to disability in order to complete the application process, please let us know what accommodation your require.

PERSONAL AND BACKGROUND INFORMATION

Name (Last, First, MI) (Nombre) _____ Date of Birth (Fecha De Nacimiento) _____ SS# (Numero de Seguro Social) _____

Street Address (Dirección) _____ Telephone (Numero De Telefono) _____

City (Ciudad) _____ State (Estado) _____ Zip (Codigo Postal) _____ Email (Correo Electronico) _____

Position(s) Applying for (Posicion a la que esta aplicando) _____ Salary Desired (Salario Deseado) _____

Are you legally eligible to work in the United States? Yes No
(¿Es usted eligible para trabajar en los Estados Unidos?)

Are you age 18 or older Yes No
(¿Tiene usted 18 años de edad o más?)

If you are under age 18, do you have a working permit? Yes No
(Si es usted menor de 18 años ¿tiene usted un permiso de trabajo?)

Do you work for another agency? Yes No
(¿Trabaja usted para otra agencia?)

Employment status: Full time (FT) Part time (PT)
(Estado de empleo) (Tiempo Completo) (Tiempo medio)

If yes, where? _____ (¿Si trabaja usted para otra agencia, donde?)

How long have you been a CNA/HHA? _____
(¿Cuanto tiempo usted lleva si endo CNA/HHA?)

Optional: Do you speak, read, or write a language other than English? Yes No
(¿Habla usted algun otro idioma aparte de Ingles?)

Language (Idioma)	Speak (Habla)	Read (Leer)	Write (Escribe)	Language (Idioma)	Speak (Habla)	Read (Leer)	Write (Escribe)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES (2 PROFESSIONAL, 1 PERSONAL) (Por favor, de listar 2 referencias de trabajo y una personal)

Name (Last, First, MI) (Nombre)	Address (Dirección)	Telephone # (Numero de Telefono)	How long known? (Tiempo de Conocerse)
_____	_____	_____	_____

Name (Last, First, MI) (Nombre)	Address (Dirección)	Telephone #	How long known?
_____	_____	_____	_____

Name (Last, First, MI) (Nombre)	Address (Dirección)	Telephone #	How long known?
_____	_____	_____	_____



AVAILABILITY

Are you willing to work weekends (*Estas dispuesto(a) a trabajar los fines de semana*)? Yes No

Are you willing to cover when needed (*Estas dispuesto(a) a cubrir, sea necesario*)? Yes No

What times are you available (*A que horas usted esta disponible*)?

Mon: _____ Tues: _____ Wed: _____ Thurs: _____

Fri: _____ Sat: _____ Sun: _____

Which towns are you willing to travel to (*A cuales ciudades estas dispuesto(a) a viajar*)?

Boston: Yes No N/A Cape Cod: Yes No N/A South Shore: Yes No N/A SouthCoast: Yes No N/A

Holyoke: Yes No N/A

Education (degrees/certifications) (*Educacion (certificaciones/titulos)*)

(Titulo) (Certificaciones) (Fecha)

_____ Degree Certificate Dates _____

_____ Degree Certificate Dates _____

_____ Degree Certificate Dates _____

Qualifications (*Cualificaciones*) (attach Resume if available - mark "see resume")

Skills (*Habilidades*)

EMPLOYEE EMERGENCY CONTACT AUTHORIZATION FOR USE / DISCLOSURE

I, _____, give permission to Community Connection Healthcare to contact the following person(s) in the case of an emergency. Community Connection Healthcare will only contact this person if the company has been unable to contact you directly and we are concerned for your safety and well-being.

Name (Last, First, MI) (*Nombre*)

Address (*Dirección*)

Telephone # (*Numero de Telefono*)

I understand that I have the right to revoke this authorization at any time. I understand that it is my responsibility to notify my supervisor and alert them of a new emergency contact person if I no longer want the person above to be my emergency contact. I understand that it is my responsibility to notify my supervisor if my emergency contact's information has changed, such as the best phone number to reach them at.

(Applicant) Print Name / Signature (*Aplicante*) Nombre/Firma

Date (*Fecha*)

(Office) Print Name, Credentials / Signature (*Oficina*) Nombre/Credenciales/Firma

Date (*Fecha*)

Add to payroll Hire Date: _____ Hourly Rate or/Salary Rate: _____ DOB: _____