



Peconic Landing Home Health Services, Inc.

1500 Brecknock Road

Greenport, NY 11944

Dear Applicant:

Thank you for expressing interest in our Home Health Aide Training Program. The course is a free New York State Department of Health approved program that will give you the education and experience you need for a career as a certified Home Health Aide. The course will be run in the spring of 2018 for a total of 75 hours of instruction, days and times to be determined. Perfect attendance is mandatory.

Attached you will find all of the necessary forms to complete and submit to be considered for the course.

1. Home Health Aide Training Program Application: please complete the entire application, sign and date it.
2. Reference Request: complete the forms. You will need 3 references, one of which must be an employment reference. Please be sure that the person can be reached at the address or fax number provided.
3. Home Health Aide Training Program Questionnaire.

Please return the completed forms to the main reception desk at Peconic Landing as soon as possible. You may be called for an appointment for an interview.

To enter the training program, applicants must have a physical examination, provide documentation of immunizations and results of a current PPD (tuberculosis test).

Applicants must pass a criminal history record check done by PLHHS and have a clean, valid New York State driver's license.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Carol Worth, RN, BSN, Clinical Manager

631-477-2146



Home Health Aide Training Program Application

To be considered for the training program, you must fill in ALL information requested below. Please **provide us with your most recent résumé.** Please use ink and sign in the area indicated.

Name (Last) _____ (First) _____ (Middle) _____ Phone #'s: (home) _____
(cell) _____

Email Address: _____

1. Have you ever worked under another name? No Yes (give name) _____
2. How did you hear about us? Radio Ad Newspaper Ad Private Agency Peconic Landing Associate Internet Job Fair
Other: _____
3. Have you ever filed an application with us before? No Yes (mo/yr.....)
4. Have you ever been employed with us before? No Yes (mo/yr.....)
6. If you are under 18 years of age, can you provide required proof of your eligibility to work?..... No Yes
7. Are you legally eligible for employment in this country?..... No Yes
(Proof of citizenship or immigration status will be required upon employment.)

Education and Skills

Institution	School Name & Address	Years Completed	Did you graduate?	Degree/Subjects Studied
High school		1 2 3 4	Y N Mo/Yr: _____	
College or trade school		1 2 3 4	Y N Mo/Yr: _____	
Graduate school		1 2 3	Y N Mo/Yr: _____	

Do you possess skills that you believe make you particularly qualified to work for Peconic Landing? Please describe below.

Work Experience (List 5 or more years starting with your current or most recent job.)

Dates employed (month/year)	Employer:	Address:
Job title:	Supervisor:	Phone number:
Beginning salary:	Ending salary:	Reason for leaving:
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job and duties:		

Dates employed (month/year)		Employer:	Address:
Job title:		Supervisor:	Phone number:
Beginning salary:	Ending salary:	Reason for leaving:	May we contact? __Yes __ No
Description of job and duties:			

Dates employed (month/year)		Employer:	Address:
Job title:		Supervisor:	Phone number:
Beginning salary:	Ending salary:	Reason for leaving:	May we contact? __Yes __ No
Description of job and duties:			

References (List three professional contacts with whom you have worked.)

1. Reference Name	Connection/Relationship	Telephone	Years Known
2. Reference Name	Connection/Relationship	Telephone	Years Known
3. Reference Name	Connection/Relationship	Telephone	Years Known

Applicant Signature

Date

PECONIC LANDING HOME HEALTH SERVICES
HOME HEALTH AIDE TRAINING PROGRAM
QUESTIONNAIRE

NAME: _____

DATE: _____

Please take a moment to answer the following questions:

How did you hear about our program? _____

Do you have any work experience in caregiving or similar areas? _____ yes/no

Explain: _____

Possessing certain traits such as honesty, and being a good communicator are important qualities of a good Home Health Aide. Please list at least 3 other important qualities of a successful Home Health

Aide: _____

What hobbies do you enjoy? _____

What is your most important personal goal? _____

PECONIC LANDING HOME HEALTH SERVICES

Peconic Landing Home Health Aide Training Program

1500 Brecknock Road; Greenport, New York 11944

631-477-2146

631-477-2596

REFERENCE REQUEST

Reference request submitted to:

Name: _____

Address: _____

Phone: _____ Fax: _____

The person referred to below has applied for placement in our Home Health Aide Training Program. Would you kindly fill in the blanks and return this request to us so that we may consider this applicant. This information will be kept strictly confidential. Thank you.

Applicants Name: _____

In what capacity do you know the applicant? _____

If the applicant was in your employ or a coworker, in what capacity did they function?

Please comment on the following:

	EXCELLENT	GOOD	AVERAGE	UNSATISFACTORY	COMMENT
QUALITY OF WORK					
QUANTITY OF WORK					
ATTENDANCE					
APPEARANCE					
INITIATIVE					
CCOPERATION					
DEPENDABILITY					
ACCEPTS CONSTRUCTIVE CRITICISM					

Additional Comments: _____

Signature/Title

Date

APPLICANT RELEASE: I hereby release from all liability the above person or company and authorize them to release all information regarding their knowledge of me.

Applicant Signature

Date