

EMPLOYMENT APPLICATION



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Circle the one that is appropriate: Are you currently a certified: PCA HHA CNA

School/ Training Program: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Circle one Per Diem / Part Time / Full Time

US Citizen: YES or NO If no, Immigration ID/ Card: \_\_\_\_\_

Do you have a GED or High School Diploma? (circle) YES NO

Have you worked here before? YES or NO If yes, when? \_\_\_\_\_

If YES, explain why you left: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Were you referred by a current Allwel Employee? If yes, who? \_\_\_\_\_

**Work History:** Provide most recent 10 years of work history

Start Date	End Date	Company Name/ Phone	Position	Reason for Leaving
		May we contact? Yes or No		
		May we contact? Yes or No		
		May we contact? Yes or No		

**Professional License**

Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verified: YES or NO

---

Allwel is an equal opportunity/ affirmative action employer. NYS law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity, or prior conviction records, or prior arrest, youth offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

---

Applicant Signature

Date

## Affirmative Action: Voluntary Self Identification Form

Allwel is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. We are a company that values diversity. Allwel actively encourages women and minorities to apply. *Refusal to provide this information will have no bearing on you application and will not subject you to any adverse treatment.*

Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Application Information

Name:	Date
Position Applied For:	

### Section 2: Please check all that apply

Race for Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> <b>I do not wish to Self- Identify</b>		<p style="text-align: center;"><b>Other</b></p> <input type="checkbox"/> Individual with Disabilities

Signature (Type or Sign Name)

Date