



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. This 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 two-week course will begin on Monday, May 6th through Friday, May 17th, 2024 starting at 8:00 am to 5:00 pm for a total of 75 hours of instruction. Perfect attendance is mandatory.

Attached are all of the necessary forms to complete and submit to be interviewed for the course.

1. Home Health Aide Training Program Application – please complete the entire application, sign, and date.
2. Home Health Aide Training Program Questionnaire – please complete all questions.
3. Reference Request Forms – please have three (3) of your references complete the entire form. One reference must be a prior employer. Please be sure that the contact information is current.

Please return the completed forms to the main reception desk at Peconic Landing Community Center as soon as possible. Forms can also be faxed to 631-477-6342. 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, please call us at 631-477-2146, option 1.

Sincerely,

Susan Croce, Administrator



Employment Application

To be considered for employment, 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. Peconic Landing is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship status, age, disability, sex, veteran status or any other characteristic protected by applicable federal, state or local laws, regulations or ordinances. We are committed to diversity in the workplace and promote a drug-free environment. Please let us know if you need accommodation to complete the application process.

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

Street Address _____ City _____ State _____ ZIP code _____ (e-mail address) _____

1. Have you ever worked under another name? No Yes (give name) _____

2. How did you hear about us? Newspaper Peconic Landing Associate Employment web site/Indeed Our web site/Social media
 Job Fair Other (please specify): _____

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)

5. If you are under 18 years of age, can you provide required proof of your eligibility to work? No Yes

6. Are you legally eligible for employment in this country? No Yes (Proof of citizenship/immigration status will be required upon employment.)

7. Have you been convicted of a crime (misdemeanor/felony) No Yes (please explain) _____

Employment Desired

Position(s) desired:	Date you can start:	Salary Expectations:	
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Are you available to work: Full Time Part Time Temporary

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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List days and hours available below:

Education and Skills

Institution	School Name & Address	Years Completed	Did you graduate?	Degree/Subjects Studied
High school			Y N Mo/Yr: _____	
College or trade school			Y N Mo/Yr: _____	
Graduate school			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)	Place of Employment:	Address:
Job title:	Supervisor:	Phone number:
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job and duties:		



Peconic Landing. - An EEO Employer
 1500 Brecknock Rd., Greenport, NY 11944, 631-477-3800

Employment Application

Dates employed (month/year)	Place of Employment:	Address:
Job title:	Supervisor:	Phone number:

Reason for leaving:	May we contact? __Yes __ No
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Description of job and duties:



Dates employed (month/year)	Place of Employment:	Address:
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Job title:	Supervisor:	Phone number:
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Reason for leaving:	May we contact? __Yes __ No
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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

Agreement & Certification (Read carefully before signing.)

I have read and fully understand the questions asked in this application. I affirm that all answers given by me are **true, accurate and complete**. I understand and agree that any misrepresentation by me in this application or any other materials submitted by me to Peconic Landing will be sufficient cause for cancellation of this application and/or separation from employment with Peconic Landing if I have been employed. I give Peconic Landing permission to use any information in this application, to enable it, and its agents to verify the information contained in this application. I hereby release from liability Peconic Landing and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

This application is current and considered active for a period of six months from the date signed below. At the conclusion of this time, if I have not heard from Peconic Landing and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I understand that if hired, I will be an "at will" employee and for no definite period of time, and that I may leave Peconic Landing or Peconic Landing may ask me to leave its employ at any time with or without cause. I agree to comply with Peconic Landing policies and recognize that failure to comply may result in my dismissal. I understand that no manager or representative of Peconic Landing, other than the CEO or his designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and then, only if the agreement is expressly set forth in a written document signed by the associate.

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about my citizenship or alien status. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature of Applicant

Date

CONSUMER NOTICE

Please be advised that a consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

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 Phone: 631-
 477-2146 Fax: 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					

 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

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REFERENCE REQUEST

Additional Comments: _____

Reference request submitted to:

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Phone: _____ Fax: _____

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