

**AIM CONSUMER DIRECTED PERSONAL ASSISTANT SERVICE  
EMPLOYMENT APPLICATION**

This application must be completed and signed to be considered for employment as a Personal Assistant.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Have you been convicted of a misdemeanor or crime in any jurisdiction? \_\_\_\_\_

(Such conviction may be relevant if job related, but does not disqualify an applicant of employment.)

Are you able to lift at least 50 pounds? \_\_\_\_\_

Are you currently certified as a nurse's aide? \_\_\_\_\_

Do you have recent (within the last 2 years) experience as a nursing assistant, home health aide, home attendant etc.? \_\_\_\_\_

**Educational Background:**

**High School:** \_\_\_\_\_ **Did you graduate?** \_\_\_\_\_

**Address of High School:** \_\_\_\_\_

**Other School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Did you graduate?** \_\_\_\_\_ **Degree or Certificate obtained:** \_\_\_\_\_

**OVER⇒**

***For office use only:***

P.E.  Video Training Needed  Y  N  
TB  Notes:  
MMR  N/A

**Employment History:**

Start with the most recent or current position. **Please list complete address.**

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Employment Dates** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job title/duties:** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Employment Dates** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job title/duties:** \_\_\_\_\_

(Attach additional sheets if needed; please include all of the information listed above for each additional former employer.)

**Additional References:** List names and complete addresses of two personal references who are not related to you and do not live with you.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Applicants Statement:** I certify that the information on the Employment Application is true, correct and complete; and in the event of employment, I understand that false or misleading information given can impact on my employment status. Also, I authorize investigation of all statements contained in this application. The employer is an Equal Opportunity Employer and the employer does not discriminate in employment. I also authorize the Consumer Directed Personal Assistant Services (CDPAS) to contact the references designated on my application. Photo copies of this release will be as valid as the original.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return this form to: Pat Myers, Human Resources Director  
AIM Independent Living Center  
271 East First St.  
Corning, NY 14830