



Please Fax, Email, or Mail this Application to:

Fax: 631-470-5656

Email: jobs@starmulticare.com

Star Multi Care Services
115 Broad Hollow Road
Suite 275
Melville, NY 11747
Attn: Human Resources Manager

ALL APPLICATIONS WILL BE REVIEWED AND ALL QUALIFIED
CANDIDATES WILL RECEIVE A RESPONSE

**STAR MULTI CARE SERVICES, INC. OF
EXTENDED FAMILY CARE OF PA
CENTRAL STAR HOME HEALTH OF OHIO**

**NEW YORK
ALLENTOWN**

**FLORIDA
LANCASTER PITTSBURGH**

EMPLOYMENT APPLICATION

Please Print clearly. This application must be completed and all questions regarding your training and work experience answered. All information on this application is confidential, STAR MULTI CARE SERVICES will not contact your present employer without your

Name: (Last) (First) (Middle Initial)

Other Name:(if applicable) Social Security #:

Address: Length of time at this address

Address: Length of time at this address

Home Phone: () Other: ()

US Citizen: Yes No If no, Immigrant ID/Card:

Position Applied for:	Admin.	RN	LPN	HHA	PCA	CNA	PT/OT/RT	MSW	Clerical	Other
Minimum Salary Requirement:	Date Available:									

EDUCATION/SCHOOLS ATTENDED	NAME OF SCHOOL AND ADDRESS	DID YOU GRADUATE	COURSE OR MAJOR	DIPLOMA OR DEGREE	YEAR COMPLETED
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
BUSINESS SCHOOL					
TRAINING PROGRAM					

WORK HISTORY

Name, Address and Phone # of Current/Former Employers	From: Mo/Yr	To: Mo/Yr	Job Title	Supervisor's Name	Salary	Reason for leaving

ADDITIONAL REFERENCES:

NAME	ADDRESS	RELATIONSHIP

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As an individual, have you ever been bonded? Yes No If Yes, by Whom:

Have you ever been refused a bond? Yes No If Yes, by Whom:

Have you ever been convicted of a crime? Yes No If Yes, Explain:

Professional Licenses:

Profession: Lic.No: Exp. Date: Verification:

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Profession: Lic.No: Exp. Date: Verification:

Para-Professional Certification: HHA PCA CNA

School/Training Program: Verification:

Para-Professional Certification: HHA PCA CNA

School/Training Program: Verification:

The information listed in my application is complete and true. I understand that if employed, false statements on this application are cause for dismissal. I will comply with all of the agency's rules and regulations regarding my employment. STAR MULTI CARE SERVICES may request information regarding my background which will include work and personal references.

Signature:

Date:

STAR MULTI CARE SERVICES does not discriminate because of sex, age, physical handicap, race, creed or national origin. The agency is an equal opportunity employer.