

APPLICATION FOR PRIVATELY AVAILABLE
HOME CARE WORKERS

Date Received By
OFA: _____

Return application to:
Seneca County Office for the Aging
1 DiPronio Drive
Waterloo, NY 13165

NAME _____ DATE _____

ADDRESS _____

PHONE _____ Best time to contact _____
Message machine: yes no

POSITION DESIRED _____

DAYS/HOURS AVAILABLE _____

TOWNS YOU WILL COVER _____

EDUCATIONAL BACKGROUND

High School Diploma	Yes	No
Certified Nurse's Aide	Yes	No
Nursing License – LPN or RN	Yes	No
Other		

WORK EXPERIENCE (Start with present or most recent job and work backwards)

Employer	Address	Phone	Dates Employed
1. _____			
2. _____			
3. _____			

REFERENCES: Please list 3 persons who have knowledge of your job performance. You may use former employers. Do NOT use persons related to you. Please obtain permission from your references as they will be contacted.

Name	Address	Phone
1. _____		
2. _____		
3. _____		

NOTE: Please keep our office informed as to your availability so that we may give out current information. You will work for the person that hires you, NOT the Seneca County Office for the Aging. Wages and hours are to be worked out between you and your employer. Our office is not responsible for your job performance. Only complete applications with a signed Waiver of Liability will be used as referrals.

(OVER)

WAIVER OF LIABILITY

BY UTILIZING THE SENECA COUNTY OFFICE FOR THE AGING REGISTRY OF PRIVATELY AVAILABLE HOME CARE WORKERS, I HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS THE COUNTY OF SENECA, THE SENECA COUNTY OFFICE FOR THE AGING, IT'S AGENTS, EMPLOYEES, CONTRACTORS, AND SUBCONTRACTORS FROM ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LIABILITIES OR DAMAGES ARISING FROM THE USE OF SAID REGISTRY.

I UNDERSTAND THAT THE SENECA COUNTY OFFICE FOR THE AGING IS SOLELY FURNISHING INFORMATION AS TO THE NAMES OF PRIVATE INDIVIDUALS WHO HAVE INDICATED AN INTEREST IN PROVIDING HOME CARE SERVICES. I FURTHER UNDERSTAND THAT ALL RESPONSIBILITY, INCLUDING BUT NOT LIMITED TO HIRING AND FINANCIAL ARRANGEMENTS, RESTS BETWEEN THE EMPLOYER (IE: THE INDIVIDUAL EMPLOYING THE PRIVATE HOME CARE WORKER) AND THE EMPLOYEE (IE: THE PRIVATE HOME CARE WORKER). I FURTHER UNDERSTAND THAT THERE IS NO EMPLOYER/EMPLOYEE RELATIONSHIP BETWEEN THE COUNTY OF SENECA AND THE PRIVATE HOME CARE WORKER.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS _____ DAY OF _____.

NAME (PLEASE PRINT) _____

SIGNATURE _____

WITNESS (PLEASE PRINT) _____

SIGNATURE _____