

Herkimer County Office for the Aging  
County Office Building  
109 Mary Street, Suite 1101, Herkimer, NY 13350

Contact Person: Caseworker  
Phone: 315.867.1124 or 867.1415  
Fax 315.867.1148

### JOB POOL REGISTRATION FORM

Mr/Mrs/Ms \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Hourly Rate Requested \_\_\_\_\_ Do you have transportation?  yes  no

Hours Available  Days  Nights  Evenings  Weekends  Anytime

Willing to travel to \_\_\_\_\_

Please check the following tasks that you are willing to do:

<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Transportation/driving	<input type="checkbox"/> Yard work/mow lawns
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Laundry	<input type="checkbox"/> Snow shoveling/ blowing
<input type="checkbox"/> Shopping/run errands	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Companion
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Comments \_\_\_\_\_

Educational background, special training, skills \_\_\_\_\_

Do you have a New York State Nurse's Aide Certification? yes \_\_\_\_\_ no \_\_\_\_\_

**If yes, provide your New York State Nurse's Aide Certification Number**

Have you ever been convicted of any crime (felony or misdemeanor)? yes \_\_\_\_\_ no \_\_\_\_\_

Are you now under charges for any crime? yes \_\_\_\_\_ no \_\_\_\_\_

Please list three (3) references who **ARE NOT** family members, relatives or formal employers (nursing homes, hospitals, aid agencies, etc.).

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\*If additional space needed use the back of the application