

Orleans/Niagara BOCES
3181 Saunders Settlement Road
Sanborn, NY 14132

Home Health Aide (HHA)

First Name: _____ Last Name _____

Address: _____ State _____ Zip Code _____

City: _____ Telephone (home/cell) _____

E-mail address: _____

DOB: _____

Education: Circle the highest grade you completed: 9 10 11 12
 Name & location of the last high school you attended: _____

Did you graduate? ____ Yes ____ No

If not, have you passed a G.E.D. test? ____ Yes ____ No

Indicate where and when G.E.D. was obtained: _____

College or Trade School - Name & Address	Credits Earned	Degree	Major Area of Study

Other Education: _____

Work Experience: List last three positions held:

Employer	Address	Job Title
1.		
<i>Why did you leave?</i>		
2.		
<i>Why did you leave?</i>		
3.		
<i>Why did you leave?</i>		

Program prerequisites:

- Be 18 years of age or older
- Have an 8th grade reading level or higher
- Be able to lift up to 50 lbs.

Program requirements

- Comply with ON BOCES policies and Home Health Aide grading criteria
- Submit a completed history and physical with required immunizations that clears the student to participate in the clinical portion of the program prior to any clinical experience

Employment requirements (discuss with individual prospective employers):

I understand that employers of Home Health Aides may require all prospective HHA employees to pass a physical, criminal background check, and drug screening as part of their application process.

Have you ever pleaded guilty to or been convicted of any felony or misdemeanor? ___Yes ___No

Are criminal charges currently pending against you in any court? ___Yes ___No

If you answered yes to any of the above questions, then please provide a full written and signed explanation, on a separate sheet for review by the ON BOCES lawyer. If yes, you are advised to consult your lawyer regarding your ability to be certified as an HHA in NYS. I acknowledge that I have been so advised:

Signature _____ Date: _____

If you have further questions, please consult your lawyer.

Mailing Information

Kathy Dix
Orleans/Niagara BOCES
50 Main Street
Lockport, NY 14094

I understand that the provision of any false or misleading information, or any omission, will constitute grounds for disqualification for enrollment in or dismissal from the program. I hereby authorize Orleans/Niagara BOCES to contact any and all persons and entities, including but not limited to all of my present and/or former employers, schools, and/or colleges, in connection with the evaluation of my candidacy for admission and enrollment. I also authorize any and all persons or entities, including but not limited to all of my present and/or former employers, schools, and/or colleges, to provide any and all information about me.

Signature: _____ Date: _____

FOLLOW ALL DIRECTIONS!