

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PERSONAL HISTORY OF APPLICANT FAMILY TYPE HOME FOR ADULTS**

APPLICANT'S NAME:	DATE:
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1. What is the last grade in school that you completed?

2. Do you hold any certificates or licenses:       No       Yes      If yes, explain briefly:

3. Are you active in any community activities:       No       Yes      If yes, explain briefly:

4. Are you a member of any organizations?       No       Yes      If yes, give name and type of organization:

5. Have you had any related experience in giving personal care, for example, as a home attendant, hospital aid, nurse, etc.       No       Yes      If yes, explain briefly:

6. Statement of Employment within the Past Five Years. Begin with most recent employment.

<u>NAME OF EMPLOYER</u>	<u>ADDRESS</u>	<u>DATES</u>	<u>TYPE OF WORK</u>