





## Education and Criminal Background

### Education

	Name and Location of School	No. of Years Attended	Subject(s) studied	Degree/ Certificate Received?	If no, anticipated date
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Vocational School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
School/Agency for CHHA training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Do you currently hold any medical licenses?**     Yes  No    *If yes, complete the section below*

Type of License (RN, CHHA, etc)	Licensing Issuing Authority (i.e. Board of Nursing)	License Number	License Expiration Date

**Do you have Malpractice Insurance?**     Yes  No    *If yes, complete the section below;*

Malpractice Insurance Number	
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### Background

**Do you have a valid driver's license?**     Yes  No    *If yes, state & license number:* \_\_\_\_\_

**Do you have your own car?**     Yes  No    **Will you transport a client?**     Yes  No

*(If hired, you are required to provide proof of insurance to Human Resources Manager)*

Do you currently smoke cigarettes or use tobacco products?     Yes  No

**Are you willing to work in a home where a client smokes or uses tobacco products?**     Yes  No

**Do you currently use any controlled substances (including marijuana)?**     Yes  No    *If yes, explain:* \_\_\_\_\_  
*(do not list any medication that is prescribed by a doctor)*

**Have you ever been convicted of a misdemeanor or felony crime?**     Yes  No

If yes, please explain: \_\_\_\_\_

**\*PLEASE NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT\***

## Employment History

List all places worked in the last seven (7) years. Start with current or most recent employer(s) first.

<b>1. Company:</b>		<b>Supervisor Name:</b>		<b>Phone:</b>	
<b>Address:</b>				<b>State:</b>	<b>Zip:</b>
<b>Position Held:</b>		<b>Salary:</b>		<b>Employed from:</b>	<b>To:</b>
<b>Reason for leaving:</b>					
<b>May we contact our current employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>2. Company:</b>		<b>Supervisor Name:</b>		<b>Phone:</b>	
<b>Address:</b>				<b>State:</b>	<b>Zip:</b>
<b>Position Held:</b>		<b>Salary:</b>		<b>Employed from:</b>	<b>To:</b>
<b>Reason for leaving:</b>					



<b>3. Company:</b>		<b>Supervisor Name:</b>		<b>Phone:</b>	
<b>Address:</b>				<b>State:</b>	<b>Zip:</b>
<b>Position Held:</b>		<b>Salary:</b>		<b>Employed from:</b>	<b>To:</b>
<b>Reason for leaving:</b>					

<b>4. Company:</b>		<b>Supervisor Name:</b>		<b>Phone:</b>	
<b>Address:</b>				<b>State:</b>	<b>Zip:</b>
<b>Position Held:</b>		<b>Salary:</b>		<b>Employed from:</b>	<b>To:</b>
<b>Reason for leaving:</b>					

<b>5. Company:</b>		<b>Supervisor Name:</b>		<b>Phone:</b>	
<b>Address:</b>				<b>State:</b>	<b>Zip:</b>
<b>Position Held:</b>		<b>Salary:</b>		<b>Employed from:</b>	<b>To:</b>
<b>Reason for leaving:</b>					

**Professional References**

Please provide three(3) professional references below. These references must be persons that you know on a professional level; i.e. co-workers, supervisors, pastors, teachers, etc.

<b>1.</b>	<b>Name:</b>		<b>Relationship:</b>		<b>Years Known:</b>	
	<b>Street Address:</b>					
	<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
	<b>Phone Number:</b>		<b>Email Address:</b>			

<b>2.</b>	<b>Name:</b>		<b>Relationship:</b>		<b>Years Known:</b>	
	<b>Street Address:</b>					
	<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
	<b>Phone Number:</b>		<b>Email Address:</b>			

<b>3.</b>	<b>Name:</b>		<b>Relationship:</b>		<b>Years Known:</b>	
	<b>Street Address:</b>					
	<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
	<b>Phone Number:</b>		<b>Email Address:</b>			

**Authorization**

By signing below, I hereby agree that all information indicated in this application is correct to its truest. By signing below I authorize A+ Senior Care to request and receive, from all prior employers, within one (1) year of the date this application is completed, any and all pertinent information relating to my prior employment, separation of employment, and reasons for separation. By signing below, I authorize the references I have listed, to provide all information regarding suitability for employment. By signing below I hereby release all persons from any liability for any damages that may result from giving information to A+ Senior Care. By signing below I also authorize investigation of all statements contained in this application. I authorize A+ Senior Care to share all information requested by any oversight body, such as the Department of Labor or Board of Nursing.

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_  
**Date**



## DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

### Please Read Carefully Before Signing the Authorization

In the interest of maintaining the safety and security of our customers, employees and property, A+ Senior Care, will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the A+ Senior Care, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the A+ Senior Care. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report). The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the A+ Senior Care at 609-450-1719. You may also request a summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on [A Summary of Your Rights Under the Fair Credit Reporting Act](#) and [A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22](#) as provided here.

If you live or work for the Company in the states listed below, please note the following:

#### STATE LAW NOTICES

**CALIFORNIA:** You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of [Article 23A of the New York Correction Law](#) is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the A+ Senior Care to order my background report, including investigative consumer reports. I understand that the A+ Senior Care may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the A+ Senior Care may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

The information requested below is collected solely for the purpose of aiding the A+ Senior Care in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by A+ Senior Care.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>

<b>Enter Any Other Names Used (including maiden names):</b>					
Last Name	First Name	Middle Name	Dates used		
			/ /	To	/ /
			/ /	To	/ /

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License or State ID Number:** \_\_\_\_\_ **State Issuing License:** \_\_\_\_\_

**Current Address**

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

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

**You have lived at this address:** From (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Prior addresses for the past seven years:**

Street	City	State	Zip	Dates Resided		
				/ /	To	/ /
				/ /	To	/ /
				/ /	To	/ /

**Printed Name:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Reference Release Form

I, \_\_\_\_\_, hereby authorize **A+ Senior Care** and its agents to make investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications. I acknowledge that I have read this authorization release, fully understand it, and voluntarily agree to its provisions.

Applicant Printed Name \_\_\_\_\_ DOB(mm/dd/yyyy) \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Do Not Write Below This Line

**This section to be completed by former employer(s)**

Employer: The above named applicant has indicated that he/she has been previously employed by you or worked by you or worked with you. Your evaluation of the applicant will be appreciated and kept in confidence. **Both the applicant and I will benefit from an early reply, since employment is pending.**

**PLEASE NOTE: PURSUANT TO NEW JERSEY'S HEALTH CARE PROFESSIONAL RESPONSIBILITY AND REPORTING ENHANCEMENT ACT "NURSE CULLEN LAW"; IT IS REQUIRED FOR ALL HEALTH CARE PROFESSIONALS IN NEW JERSEY TO REPORT WHEN A HEALTH CARE PROFESSIONAL'S IMPAIRMENT, DEMONSTRATION OF GROSS INCOMPETENCE, OR UNPROFESSIONAL CONDUCT WHICH WOULD PRESENT AN IMMINENT DANGER TO AN INDIVIDUAL PATIENT OR TO THE PUBLIC HEALTH, SAFETY, OR WELFARE HAS OCCURRED.**

Have you submitted documentation to the Division of Consumer Affairs or other professional licensing board during the past seven (7) years regarding this employee?  Yes  No  
 if yes, please state the reason: \_\_\_\_\_

Employment Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Is individual eligible for rehire?  Yes  No

Performance Criteria									
	Poor	Fair	Good	Excellent		Poor	Fair	Good	Excellent
Quality of Work					Reliability				
Attendance					Cooperation				
Attitude					Communication				

Information of person completing this form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Date: \_\_\_\_\_