



SOUTH JERSEY HOME CARE LLC

APPLICATION FOR EMPLOYMENT

PERSONAL DATA:

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	TODAY'S DATE:
SOCIAL SECURITY NUMBER :			
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):			CELL PHONE:
			EMAIL:
GENDER: MALE / FEMALE			OPEN TO LIVE-IN CASES: YES / NO
VEHICLE (YEAR, MAKE):			DRIVER'S LICENSE NUMBER:

PLACEMENT INFORMATION:

DATE AVAILABLE TO START:				IDEAL NUMBER OF HOURS PER WEEK:		
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION:

LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES

NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

LICENSING: List relevant licenses in this section

TYPE OF LICENSE	ISSUING AUTHORITY/BOARD	LICENSE NUMBER	EXPIRATION DATE

MALPRACTICE INSURANCE: Provide the following information about your malpractice insurance policy (if applicable)

POLICY CARRIER (NAME)	POLICY CARRIER ADDRESS	POLICY NUMBER	EXPIRATION DATE

PROFESSIONAL REFERENCES: (previous employers, supervisors, educators, private clients and their relatives)

FULL NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS
FULL NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

EMPLOYMENT HISTORY. This question requires multiple entries. Include the names and address of all Institutions, Patients, and Agencies worked for within the one year period preceding the date of application

PRESENT/LAST EMPLOYER:	SUPERVISOR NAME:	SUPERVISOR'S PHONE NUMBER: () _____ - _____
		MAY WE CONTACT: YES/NO
ADDRESS:	POSITION TITLE:	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
SUMMARY OF DUTIES:	REASON FOR LEAVING:	

FIRST PREVIOUS EMPLOYER:	SUPERVISOR NAME:	SUPERVISOR'S PHONE NUMBER: () _____ - _____
		MAY WE CONTACT: YES/NO
ADDRESS:	POSITION TITLE:	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
SUMMARY OF DUTIES:	REASON FOR LEAVING:	

PRESENT/LAST EMPLOYER:	SUPERVISOR NAME:	SUPERVISOR'S PHONE NUMBER: () _____ - _____
		MAY WE CONTACT: YES/NO
ADDRESS:	POSITION TITLE:	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
SUMMARY OF DUTIES:	REASON FOR LEAVING:	

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS

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HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?	YES / NO	TESTED POSITIVE / NEGATIVE NEGATIVE
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“I, _____ authorize Trifecta Home Care to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.”

By signing this application, I certify this information to be true and agree to allow the above-mentioned Home Care Agency to perform a criminal history background check, at their leisure, and I give permission for them to check my references.

_____/_____
SIGNATURE DATE



SOUTH JERSEY HOME CARE LLC

BACKGROUND CHECK DISCLOSURE

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

Trifecta Home Care LLC ("The Company") may obtain information about you from a third party consumer reporting agency for employment at Trifecta Home Care as a Certified Home Health Aide (CHHA). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("drivingrecords").

These searches will be conducted by **IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.**

Signature: _____

Date: _____



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ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

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I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Trifecta Home Care at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

Printed Name

Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date



SOUTH JERSEY HOME CARE LLC

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

BACKGROUND INFORMATION

Last Name First Name Middle Name

Current Address Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # DL State

Email address (may be used for official correspondence)