

**THE CARING HEART**  
**STATEMENT OF SEPERATION AGREEMENT**  
**CARE MANAGER**

I agree during my employ and subsequent separation from The Caring Heart that I will not solicit or cultivate their clients for incorporation into establishment or furtherance of a business of my own. I further agree upon my separation from The Caring Heart that I will not contact or solicit any of its clients or families for a period of at least eighteen months.

---

**Name** **Date**

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**The Caring Heart LLC**

**Authorization to Secure Consumer Investigative Report**

**I authorize The Caring Heart LLC to make whatever inquiries it may deem necessary in connection with my application for employment or independent contractor status. As part of such inquiries, the Company has my permission to contact persons who may have information regarding my suitability for employment and to secure reports (including investigative consumer reports).**

**I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries.**

**I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person and/or consumer reporting agency in connection with above purposes.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Disclosure Statement**

**Information contained in reports obtained by The Caring Heart, LLC in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that The Caring Heart, LLC completely disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment or status as an independent contractor is received.**

**I hereby acknowledge that I have read the above disclosure statement and have understood it.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

# THE CARING HEART, LLC APPLICATION

**APPLICANT INSTRUCTIONS:** if you need help to fill out this application form or for any phase of the application process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" BELOW.
2. Complete this form.
3. If more space is needed to complete any question, use comments section.
4. Print clearly. Incomplete or illegible applications may not be processed.
5. Do not fill out any other attached forms until instructed.

**APPLICANT NOTE:** this application form is intended for use in evaluating your qualifications for independent contractor status or for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment or engagement as an independent contractor, termination as such. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, the presence of disabilities, or any other status protected by law. Additional testing for the presence of illegal drugs in your body may be required prior to employment or service as an independent contractor.

**TODAY'S DATE:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME:**

                    Last                                      First                                      Middle                                      Maiden

**CURRENT ADDRESS:** \_\_\_\_\_  
                                    No.                      Street                      City                      State                      Zip Code

**PREVIOUS ADDRESS:** \_\_\_\_\_  
                                    No.                      Street                      City                      State                      Zip Code

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **PAGER/ALT PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
  Name                                      Phone No                                      Relationship

**VALID DRIVER'S LICENSE #** \_\_\_\_\_ **STATE ISSUED** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**MAKE & YEAR OF VEHICLE** \_\_\_\_\_

**AUTO INSURANCE CO:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

**AUTO INSURANCE AGENT:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**How did you hear about The Caring Heart LLC?** \_\_\_\_\_

**Why are you interested in working with The Caring Heart LLC?** \_\_\_\_\_

**Do you have reservations providing service to a client with a pet(s)?**  No  Yes ( Cats  Dogs  Other)

**Would it bother you to provide service to a client that smokes?**  Yes  No

---



Describe any work history applicable to Elderly Service and Care.

What do you like (or think you would like) about working with older adults?

What do you like (or think you would like) least about working with older adults?

**PERSONAL REFERENCES (Do not include relatives)**

	Full Name	Address	Area Code Phone #	Time of Day to Call	Relationship	# of Years Known
1)						
2)						
3)						
4)						
5)						
6)						

**EMPLOYMENT REFERENCES:**

Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

**MOST RECENT EMPLOYER**

Are you currently working for the employer? \_\_\_Yes \_\_\_No  
If yes, may we contact? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Company Name City State Phone Number

From \_\_\_\_\_ To \_\_\_\_\_  
Dates Employed Job Title Name of Supervisor

**Duties**

\_\_\_\_\_ per \_\_\_\_\_  
Salary (Hour, Week, Month Reason for Leaving

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State Phone Number

From \_\_\_\_\_ To \_\_\_\_\_  
Dates Employed Job Title Name of Supervisor

---

**Duties**

\_\_\_\_\_ per \_\_\_\_\_  
Salary (Hour, Week, Month Reason for Leaving

---

**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_ City State Phone Number  
Company Name

From \_\_\_\_\_ To \_\_\_\_\_  
Dates Employed Job Title Name of Supervisor

---

**Duties**

\_\_\_\_\_ per \_\_\_\_\_  
Salary (Hour, Week, Month Reason for Leaving

---

**COMMENTS:**

---

---

---

---

---

**READ CAREFULLY BEFORE SIGNING**

**SIGN AFTER READING**

**CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment or my service as an independent contractor. I authorize this company and/or its agents including consumer reporting bureaus, to verify any information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said school, company and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that use of illegal drugs is prohibited during employment or service as an independent contractor. If company policy requires, I am willing to submit to testing to detect the use of illegal drugs prior to and during employment or service as an independent contractor.**

---

Signature

---

Date