

THE CARING HEART

STATEMENT OF SEPERATION AGREEMENT

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? _____

AVAILABILITY:

Please indicate the type of work you prefer:

___ Full-Time ___ Part-Time ___ Days ___ Evenings ___ Overnights ___ Live-in

Approximately how many hours per week do you wish to work?

When are you available to start work? _____

Would you accept long-term assignments? _____ Yes _____ No

Would you accept short term-assignments? _____ Yes _____ No

Please indicate the days and times you are available to work.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours available | | | | | | | |
| Shift 1: | | | | | | | |
| From: | | | | | | | |
| To: | | | | | | | |
| Shift 2: | | | | | | | |
| From: | | | | | | | |
| To: | | | | | | | |

Please rank the following services in order of preference, that you are willing to provide. ("1" being the most preferable.)

___ Companionship ___ Meal Preparation ___ Walking/Standing Assistance ___ Dressing Assistance
 ___ Laundry Assistance ___ Housekeeping ___ Heavy ___ Light ___ Transportation ___ Running Errands

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

Please rank the following areas of the city, in order of preference, in which you are able to work. (#1 being the most preferable.)

___ Downtown ___ North ___ South ___ East ___ West ___ Outside City Limits

EDUCATION

Please circle the highest grade completed:

Grade School 6 7 8 High School 9 10 11 12 College 13 14 15 16 16+

| TYPE | NAME SCHOOL | CITY STATE | MAJOR SUBJECT | # OF YRS ATTENDED | DID YOU GRADUATE |
|--------------------|-------------|------------|---------------|-------------------|------------------|
| High school | | | | | |
| Vocational | | | | | |
| College/University | | | | | |
| Other | | | | | |

SECURITY:

List states and counties of residences for this past seven years _____

____ Yes ____ No Have you had any moving traffic violations? Please describe _____

____ Yes ____ No Have you used any names or Social Security Numbers other than those on this application? If so list on back.

____ Yes ____ No Have you been convicted of a felony and/or served time in the past seven years? If so please describe below. (A conviction will be judged on its own merits with respect to time, circumstances and seriousness and will not necessarily disqualify an applicant.)

INCIDENT CHARGE

CITY/STATE

1. _____

2. _____

JOB RELATED SKILLS:

NOTE: Do not fill out any part of this section if you believe it to be non job related.

Describe any training you have and that applies to services and/or care for the elderly.

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
Salary _____ per _____
(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
Salary _____ per _____
(Hour, Week, Month Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name City State Phone Number

From _____ To _____
Dates Employed Job Title Name of Supervisor

Duties
Salary _____ per _____
(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