



P.O Box 4226 Danbury, CT 06813

Telephone: (203) 826- 7098 • Fax: (203) 826-7098

Email: info@truevinehomecarect.com

EMPLOYMENT APPLICATION

The following list of documents must be submitted to process the application. No interview will be scheduled until application is completely processed. Submit PHOTOS of these documents. Attach documents with your FULL NAME in subject line of email.

PLEASE FILL OUT APPLICATION PREFERABLY ON COMPUTER. IF YOU USE YOUR PHONE TO FILL IT OUT, WHEN FINISHED SEND BACK VIA EMAIL.

- Driver's License or State ID
- Auto Registration and Insurance (*vehicle that will be used for work*)
- Social Security Card
- HHA Certification
- CNA License/ LPN License/ RN License
- Up to date PPD results (Tuberculosis Skin Test)
- Professional Liability Insurance for LPN's and RN's
- Proof of Citizenship (Passport or Birth Certificate)
- *If not a citizen of the United States please provide* (work visa or green card)

PERSONAL INFORMATION

*(Please fill out completely, * required)*

FULL NAME: _____ DATE: _____

First

Middle

Last

ADDRESS: _____

Street Address

Apt/Suite

City _____ State _____ Zip Code _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE TO START WORK: _____

POSITION APPLIED FOR: **Check the one that applies** (*Positions that require Licenses please attach a copy*)

PCA *Personal Care Attendant*

CNA *Certified Nurse's Assistant*

HHA *Home Health Aide*

LPN *Licensed Practical Nurse*

RN *Registered Nurse*

EMPLOYMENT ELIGIBILITY

*(Please fill out completely, *Required)*

*ARE YOU A U.S. CITIZEN? YES **or** NO

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES **or** NO

*HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES **or** NO

*IF YES, WRITE THE START AND END DATES:

*HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES **or** NO

*IF YES, PLEASE EXPLAIN:

* HAVE YOU EVER BEEN CONVICTED, INVESTIGATED OR SUSPENDED IN A HEALTH CARE RELATED CRIME?

YES or NO

* IF YES, PLEASE EXPLAIN

PERSONAL REFERENCES

(Please provide two personal references that are not family members)

Name: _____ Phone/Cell: _____

City/State/Zip: _____

Relationship to applicant: _____

Name: _____ Phone/Cell: _____

City/State/Zip: _____

Relationship to applicant: _____

PREVIOUS EMPLOYMENT

(Must give two previous employment histories)

EMPLOYER: _____

Company / Individual

SUPERVISORS NAME: _____

EMAIL: _____

PHONE: _____

ADDRESS: _____ *(Street / Apt or Suit #)*

_____ *(City/State/Zip)*

JOB TITLE: _____ RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

Company / Individual

SUPERVISORS NAME: _____

EMAIL: _____

PHONE: _____

ADDRESS: _____ *(Street / Apt or Suit #)*

_____ *(City/State/Zip)*

JOB TITLE: _____ RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: _____

BACKGROUND CHECK CONSENT

*IF ASKED, ARE YOU WILLING TO CONSENT TO A FULL BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Registry and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual placement as an independent Contractor for True Vine Home Care, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____



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Dear Independent Contractor:

In joining TRUE VINE HOME CARE, you are agreeing for this registry to act as your agent, in providing you with work opportunities in home health care. You are referred to clients as an **INDEPENDENT CONTRACTOR**; therefore, you suffer any profit, loss risk and benefits. TRUE VINE HOME CARE **does not** provide W2's, as you are not an employee. You are as an independent contractor, responsible for your own Federal and State taxes. TRUE VINE HOME CARE **does not** provide insurance, including but not limited to; workman's compensation, liability insurance or unemployment benefits. In addition, some clients may request a contractor's social security number for tax purposes. I _____ (**please print name**)

Give TRUE VINE HOME CARE permission to ONLY provide my social security number to clients that I have furnished services to upon their request to file a 1099 Form for tax purposes.

I have fully read and understand the statements on this page

Registrants Name (please print): _____

Registrant's Signature: _____

DATE: _____



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Applicant fill out top portion ONLY

You have my permission to provide my reference to the agency above.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

The above applicant has applied for a position and TRUE VINE HOME CARE. He/She has provided this name as an employment reference. Please confirm dates of employment and any additional comments on this applicant at your earliest convenience. Thank you for your assistance in this matter.

Regards,

Tanya Billstone, Owner

DATE: _____

COMPANY NAME: _____ ATTENTION: _____

DATES OF EMPLOYMENT: _____ TO _____

WOULD YOU REHIRE? YES or NO

If "NO" please state, the reason: _____

COMMENTS: _____

SIGNED: _____ TITLE: _____

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company 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 the Company.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____ / ____ / ____ (Month/Day/Year)

Email _____

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____ / ____ / ____ (Month/Day/Year) To ____ / ____ / ____ (Month/Day/Year)

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with TRUE VINE HOME CARE, ("Company") I understand consumer reports and/or investigative consumer reports will be requested by Company and its Agency. These reports may contain information about your character, general reputation, personal characteristics and mode of living. These reports may include, but are not limited to, credit reports and credit history information; criminal, civil and other public records and history; public court records (e.g., bankruptcies, tax liens and judgements); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and social security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

Printed Full Name: _____

Signature: _____ Date: _____

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with TRUE VINE HOME CARE ("Company") I understand investigative consumer reports may also be obtained by Company and its Agency. These reports may include information gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc., to gather information regarding my work, character, general reputation, mode of living and personal characteristics, and professional or educational qualifications may be obtained. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

Printed Full Name: _____

Signature: _____ Date: _____

AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer and investigative report(s) by TRUE VINE HOME CARE (“Company”) from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: B&B Reporting, (“Agency”), 401 South Market Street, Scottsboro, Alabama 35768, telephone number (256) 574-2524, (toll free telephone number) 844-752-1356, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.bbreporting.com.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

I authorize Company and Agency and my employer to use email communication with me to provide me with notices and information regarding any report or use of such report. The background check Disclosure and Authorization forms, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by Company or Agency.

Printed Full Name: _____

Signature: _____ Date: _____