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**BluArk ADHC Solutions**

**BluArk Skilled In-Home Care**

**APPLICATION FOR EMPLOYMENT**

***BluArk ADHC SOLUTIONS, LLC*** does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, ancestry, sex, disability, or veteran status. Information collected in this application in intended to secure information will not be used for discrimination.

***PLEASE READ AND FILL OUT ENTIRETY OF THIS DOCUMENT PRIOR TO SIGNING***

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| **PERSONAL INFORMATION** |

**NAME: \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE: \_ \_ / \_ \_ / \_ \_ \_ \_**

First Middle Last

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt/Suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip Code County

**SOCIAL SECURITY # (SSN):** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ **DATE OF BIRTH:** \_ \_ / \_ \_ / \_ \_ \_ \_

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE: ( )\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **POSITION DESIRED** |

**AVAILABLE START DATE: \_ \_ / \_ \_ / \_ \_ \_ \_ DESIRED PAY**: $\_\_\_\_\_\_\_\_\_ [ ]  HOUR [ ]  SALARY

**POSITION APPLIED FOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT DESIRED:** [ ]  FULL-TIME [ ]  PART-TIME [ ]  PRN

**DESIRED WORKDAYS:** [ ]  MONDAY [ ]  TUESDAY [ ]  WEDNESDAY [ ]  THURSDAY [ ]  FRIDAY [ ]  SAT [ ]  SUN

**IF POSITION APPLYING FOR REQUIRES SPECIAL SKILLS, PLEASE COMPLETE:**

[ ]  Typing WPM \_\_\_\_\_\_\_ [ ]  MS Office Suites \_\_\_\_\_\_\_\_ [ ]  Accounting

[ ]  Bookkeeping [ ]  Dictation / Dictaphone [ ]  Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **GENERAL INFORMATION** |

**HOW WERE YOU REFERRED OR FIND OUT ABOUT BLUARK POSITIONS?**

 [ ]  Employment Agency [ ]  Newspaper Advertising [ ]  Friend

 [ ]  Georgia Dept of Labor [ ]  Website [ ]  Walk-in

 [ ]  Indeed [ ]  ZipRecruiter [ ]  Facebook

 [ ]  Instagram [ ]  LinkedIn [ ]  OTHER

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| **EMPLOYMENT ELIGIBILITY** |

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?** [ ]  YES [ ]  NO\*

**ARE YOU CURRENTLY EMPLOYED AND MAY WE CONTACT?** [ ]  YES [ ]  NO\*

**DO YOU HAVE VAILD CPR / BLs OR OTHER HEALTHCARE CREDINTIALS?**  [ ]  YES\* [ ]  NO

**\*IF YES, LIST WITH RENEWAL DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR / FELONY?** [ ]  YES\* [ ]  NO *(BACKGROUND WILL BE COMPLETED WITH FINGERPRINTING)*

**\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EDUCATION** |

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| **SCHOOL** | **ADDRESS****CITY / STATE** | **ATTENDED****YEARS** | **GRADUATE****DIPLOMA** |
| **HIGH** |  | FROM: \_\_\_\_\_\_\_TO: \_\_\_\_\_\_\_ | [ ]  YES [ ]  NO |
| **COLLEGE** |  | FROM: \_\_\_\_\_\_\_TO: \_\_\_\_\_\_\_ | [ ]  YES [ ]  NO |
| **OTHER** |  | FROM: \_\_\_\_\_\_\_TO: \_\_\_\_\_\_\_ | [ ]  YES [ ]  NO |
| **OTHER** |  | FROM: \_\_\_\_\_\_\_TO: \_\_\_\_\_\_\_ | [ ]  YES [ ]  NO |

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| **PREVIOUS EMPLOYMENT**  *(MUST SUBMIT RESUME)*  |

**EMPLOYER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company / Individual

ADDRESS**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt/Suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STARTING PAY: $\_\_\_\_\_\_\_\_\_ [ ]  HOUR [ ]  SALARY ENDING PAY: $\_\_\_\_\_\_\_\_ [ ]  HOUR [ ]  SALARY

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM: \_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REFERENCES***(ONE PROFESSIONAL MUST BE INCLUDED)*  |

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| **FULL NAME****and****PHONE** |  **COMPANY and ADDRESS****CITY / STATE****E-MAIL** | **RELATIONSHIP** **and****LENGTH** | **MAY CONTACT** |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MO / YRS: \_\_\_\_\_\_ | [ ]  YES [ ]  NO |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MO / YRS: \_\_\_\_\_\_ | [ ]  YES [ ]  NO |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MO / YRS: \_\_\_\_\_\_ | [ ]  YES [ ]  NO |

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| **MILITARY SERVICE**  |

**ARE YOU A VETERAN?** [ ]  YES [ ]  NO BRANCH**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF DISCHARGE: [ ]  HONORABLE [ ]  DISHORNABLE

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BACKGROUND CHECK CONSENT**  |

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

***(PLEASE READ BACKGROUND INVESTIGATION ACKNOWLEDGEMENT & AUTHORIZATION DISCLOSURE)***

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| **DISCLAIMER**  |

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

Please complete each section EVEN IF you attach a resume. Please present resume with application, time of interview, or email it to contactus@bluarkadultdaycare.com

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) **DATE** \_ \_ / \_ \_ / \_ \_ \_ \_

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME**

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| **BACKGROUND INVESTIGATION ACKNOWLEDGEMENT & AUTHORIZATION**  |

**Authorization – Applicant Disclosure and Release**

In connection with my application with ***BluArk ADHC Solutions, LLC*** (“Requester”), notice is hereby given, and I understand that a consumer reports which may contain public record information may be obtained from a consumer reporting agency for employment purposes. Therefore, you may be subject of a “consumer report” and/or “investigative consumer report” as defined by the Fair Credit Reporting Act. These consumer reports are defined as investigative consumer reports. These types of reports include, but not limited to information on my character, general reputation, personal characteristics, mode of living, credit history, OFAC search, criminal record search, and registered sex offender search. I authorize the release of information from previous or current employers, bank representatives, and personal references. In connection with my application for employment, I understand that investigative consumer reports may be obtained any time after the receipt of Authorization and if employed by ***BluArk ADHC Solutions, LLC***, throughout the course of employment as permitted by law.

I understand incomplete or incorrect information provided in this application may cause a delay in processing which may result in denial of employment. This investigation is for employment purposes only and is strictly confidential. I hereby hold Requestor and its agents free and harmless of any liability for any damages arising out of any improper use of this information. Therefore, you should carefully consider your right to request disclosure of the nature and scope of any investigative consumer report. I authorize reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

Equifax, E.C.I.F. TransUnion Regional Disclosure Center Experian (TRW)

P O Box 740241 1561 Orangethorpe Ave P O Box 949

Atlanta, GA, 30374 Fullerton, CA, 92631 Allen, TX, 75002

(800) 685-1111 (714) 738-3800 (888) 397-3742

Important information about your rights under the Fair Credit reporting Act:

* You have a right to request disclosure of the nature and scope of the investigation.
* You must be told if information in your file has been used against you.
* You have a right to know what is in your file, and this disclosure may be free.
* You have the right to ask for a credit score (there may be a fee for this service).
* You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580.

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| **PERSONAL INFORMATION FOR BACKGROUND INVESTIGATION**  |

 **\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_

 **First Name**   **M.I**   **Last Name**  **Date of Birth**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alias Name(s)**  **Social Security #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Current Address** **City, State, Zip Code** **County**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Driver License Number** **State of Issuance**

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| **ACKNOWLEDGEMENT & AUTHORIZATION**  |

By signing below, I acknowledge receipt of above Notice Regarding Investigation and a Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand documents contained wherein this application. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and/or during the course of my employment to the extent permitted by law. To this end, I hereby authorize, without reservation, and law enforcement agency, administrator, local, state, or federal agency, institution, school or university, information bureau, or insurance company to furnish any and all background information including, transcripts, grades, attendance records, employment history including: salary information, positions held, rehire eligibility, and reason for separation, references, drug and alcohol testing results, accident history information, and information concerning worker’s compensation claims (after a conditional offer of employment has been made) and/or ***BluArk ADHC Solutions, LLC*** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as an original.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) **DATE** \_ \_ / \_ \_ / \_ \_ \_ \_

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME**