

# RozHome Care

8891 Watson St Suite 103 Cypress Ca 90630 P [714-226-0366] F [ 714-226-0766]

Email: [Moniquelrhc@gmail.com](mailto:Moniquelrhc@gmail.com) [Briansrhc@gmail.com](mailto:Briansrhc@gmail.com)

Please remember to include with your application copies of your

- CPR / First Aid
- SOCIAL SECURITY CARD,
- CALIFORNIA ID Card and any other certification you possess.

Please save and make copies of time sheet for future use.

Thank you

Roseline

Rozhome Care

EMPLOYMENT APPLICATION



# RozHome Care

8891 Watson St Suite 103 Cypress Ca 90630 P [714-226-0366] F [714-226-0766]

Email: [Moniquehrhc@gmail.com](mailto:Moniquehrhc@gmail.com) [Briansrhc@gmail.com](mailto:Briansrhc@gmail.com)

(Please Print Clearly, All fields are required information)

Position Desired: \_\_\_\_\_ Wages Desired: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date Available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Time \_\_\_\_ Part time \_\_\_\_ Temporary \_\_\_\_ On call \_\_\_\_

Are you available to work on weekends? \_\_\_\_ Yes \_\_\_\_ No.

Please specify your available days and hours for work:  
\_\_\_\_\_

Please list the cities you will work

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

## PERSONAL INFORMATION:

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) used in the past: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age? Yes----No---- Date of Birth: \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YYYY

Do you have the legal right to work in the United States? Yes---- No----

Home Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Previous address for the past 5 years (including street number, name, city, state and zip code  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the position? (Friend, Advert, Online, etc.) \_\_\_\_\_

Do you have any relatives working for RozHome Care? \_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? Yes----No- --- If yes,  
please list date(s), Court locations and details: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your job history, starting with the most recent. Please note any gaps during periods of unemployment.

Present/Last Employer	
Company: _____	Phone: (____) _____



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Address		Fax: (      )	
Name of Supervisor:		Job Title:	
Employment Dates From:	To:	Salary:	
Reason for leaving:			
Present/Last Employer			
Company:		Phone: (      )	
Address:		Fax: (      )	
Name of Supervisor:		Job Title:	
Employment Dates From:	To:	Salary:	
Reason for leaving: Present/Last Employer:			
Company:		Phone: (      )	
Address:		Fax: (      )	
Name of Supervisor:		Job Title:	
Employment Dates From:	To:	Salary:	
Reason for leaving:			

## Education

School Name	Years Completed (Circle One)	Diploma/Degree	Name of Course/Major	Special Skills/ Training
Elementary:	4568			
High School:	9 10 11 12			
College/University:	1234			
Trade/Vocational/Other:				

## PROFESSIONAL LICENSURE/CERTIFICATION

CPR Certified:	Yes---No---	Date:	Issuing Org/State:
First Aid :	Yes---No---	Date:	Issuing Org/State
CNA:	Yes---No---	Date:	Issuing Org/State
HHA:			
Other:			

## APPLICANT CLASSIFICATION RECORD



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## EQUAL EMPLOYMENT OPPORTUNITY

Federal and State laws prohibit employment discrimination because of Race, Color, Religion, Age, Physical or Mental Disability, National origin, Veteran's status or Sexual orientation. Employers are required to collect certain information from job applicants, although you are NOT required to provide it.

This information is statistical purposes only and will not be used in the employment selection process.

This information will be retained separately from your employment application. To further ensure privacy of information, do not write your name of the form.

RozHome Care, believes in Equal Employment Opportunity. Please help us meet our record - keeping requirement by providing the following information:

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

Applicant's Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Applicant's Race: (Circle one)

Asian/ Pacific Islander American, Indian/Alaskan Native, Black/African American, Hispanic , White/Caucasian

Are you a Vietnam-Era Veteran? Yes--- No---

Do you consider yourself disabled? Yes--- No---

Are you 40 years of age or Older? Yes--- No---



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## RELEASE FORM

I agree to have any of the information and statements in this application, as well as my background investigated by RozHome Care and their employees and/or agents.

I understand that background investigated may include, but is not limited to, reviewing my education, employment history, any public records and personal references , either through a search of my social security number, name or other identifying information.

I hereby authorize *RozHome Care* or any qualified agent of *RozHome Care*. Bearing this document, or a copy thereof, to obtain information from public records, any present or former employer, school, police or persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment

I hereby waive and release those entities, individuals and companies from any liability for damages of whatever kind or nature which may accrue to me, including the defamation and invasion of privacy, on account of reliance by such persons on information submitted on my employment application, and termination of my employment based on information obtained after commencement of my employment. Applicant's Name:

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Names Known By: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Email: [Moniquelrhc@gmail.com](mailto:Moniquelrhc@gmail.com) [Briansrhc@gmail.com](mailto:Briansrhc@gmail.com)

## Employment Reference Form

To:

-----

Fax:

-----

To Whom It May Concern:

The individual listed below has authorized RozHome Care to contact you as an employment reference. Please complete the appropriate section below and return to us by mail or preferably fax.

Your prompt response will be greatly appreciated.

### Section One: To be completed by Applicant

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the person and or organization named to provide the information requested below. I further agree to hold RozHome Care, and the referencing entity harmless for any information they either request or release regarding my previous performance.

Applicant's Signature: \_\_\_\_\_

### Section Two: To be completed by Employment Reference

This person was employed from \_\_\_\_\_ to \_\_\_\_\_ (dates)

Position this Person held: \_\_\_\_\_

Is this person eligible for Rehire (check one) YES \_\_\_\_ NO \_\_\_\_

Please rate the following in regard to the Applicant:

	Excellent	Good	Fair	Poor
Attitude/Cooperation				
Willingness to Learn				
Quality of Work				
Attendance/Reliability				
Productivity				



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## ADDITIONAL QUALIFICATION INFORMATION / SPECIAL SKILLS

### APPLICANT'S CERTIFICATION & AGREEMENT

(Please read carefully before signing)

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment at any time thereafter.

I authorize any of the persons or organizations referenced in this application to give Roz Home Care, Any and all information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and RozHome Care, from all liability for any damage that may result from furnishing such information.

I authorize RozHome Care, to request and receive such information. I, (Initial)\_\_\_\_ If employed, I understand that I will be an employee At-Will, and either RozHome Care, or I may terminate my employment relationship at any time, with or without cause and with or without notice. I understand that no employee or representative of this company other than its President has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President of the company may not alter the At-Will nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the At-Will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I agree to comply with RozHome Care's rules, regulations, and policies, and acknowledge that these rules regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice. (Initial) \_\_\_\_\_

I acknowledge that any offer of employment, even after acceptance, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of RozHome Care.

Offers of employment are also conditioned on the satisfactory completion of a fingerprint clearance, drug screen and, where required, a post-offer medical examination.

Confidentiality Statement:

I understand that it's my professional obligation to hold all matters regarding the client and the client's family in the strictest of confidence. (Initial)\_\_\_\_\_

Applicant's name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_



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## ADULT/CHILD ABUSE REPORTING REQUIREMENT

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner or employee of an adult/child protective services agency or local law enforcement or professional capacity or within the scope of his/her employment who has knowledge of a person that has reported or victim of physical/sexual abuse where the dependent child/adult's statement indicate, or in the case a person with developmental disabilities, where statements or alleges that abuse has occurred. You must report known or suspected instances of physical/sexual abuse to an adult protective services and/or local law enforcement agency immediately by telephone and with a written report to follow within 36 hours of receiving this type of information. "Care Custodian" means an administrator or an employee of any of the following public or private facilities:

- 1) Health Facility
- 2) Clinic
- 3) Home Health Agency
- 4) Home Care Agency
- 5) Sheltered Workshop
- 6) Educational Institution
- 7) Respite Service
- 8) Camp
- 9) Residential Care Facility, including foster or group homes
- 10) Community Licensed Facility
- 11) Adult Day Care
- 12) Regional Center Employee
- 13) Licensing Worker

- **Adult Protective Service (APS)**  
**Hotline - 1 (800) 992-1660**
- **Ombudsman: Hotline -1 (800) 334-9473**
- **Department of Children's Services (DCS) Hotline - 1 (800) 540-4000**

I have read the above statement and understand my responsibilities under Section 15630 Welfare and Institutions Code and will comply with its provisions.

Name: \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_



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This memo is to notify all employees that time sheets are due in the office on the 10<sup>th</sup> or the 25<sup>th</sup> of each month except February which ends on the 28<sup>th</sup>. If you are faxing copies please mail in originals as well.

Time sheets turned in after the 10th of each month will be processed for the 30<sup>th</sup>. Time sheets turned in after the 25th of that month will be processed for the 15th of the following month.

IMPORTANT NOTICE\*\*\* \* Time Sheets are due before every 10<sup>th</sup> or 25<sup>th</sup> of each month before 12 pm we will not be accepting late time sheets. If for any reason those days land on a weekend time sheets will be due the business day prior to that day. Please keep in mind during the months of holiday's time sheets are to be turned in 2 Business day prior to that day. Thank you for your understanding and corporation.

DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_



# RozHome Care

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P [714-226-0366] F [714-226-0766]

Email: Rozhomecaretimesheets@gmail.com

OFFICE USE ONLY

TIME:

DATE:

## Time sheet

Month and year of service \_\_\_\_\_

Consumer Name \_\_\_\_\_

Date	Start Time Am/ Pm	Stop Time Am/Pm	Total Hours	Progress/ Activity Notes	Customer Signature Parent/Guardian
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Total Hrs Worked					
Print Name:			Print email address/ phone number.		
_____			_____		

\*TIME SHEETS ARE DUE EVERY 10<sup>TH</sup> OR 25<sup>TH</sup> OF THE MONTH, BEFORE 12PM.

PLEASE NOTE 1 TIME SHEET PER MONTH/CONSUMER. IF THE 10<sup>TH</sup> OR 25<sup>TH</sup> LAND ON A WEEKEND PLEASE TURN IN TIME SHEETS ON THE PRIOR BUSINESS DAY. THANK YOU





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employee's Withholding Certificate**  
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074  
**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.		
	Do <b>only one</b> of the following.		
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>		
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>		
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>		

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)





## Direct Deposit Enrollment/Change Form

Company Name \_\_\_\_\_ Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

#### One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)  
☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)  
☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

☐ Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

### COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

### EMPLOYEE/WORKER CONFIRMATION STATEMENT

#### PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Digital or Electronic Signatures are **not** acceptable.



**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND  
INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosures**

Investigative Consumer Report:

Rozhome care (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

**Acknowledgments & Authorization**

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings



history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

### **Additional State Law Notices**

Please also note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 100 Centerview Dr, Nashville, TN 37214, (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

Additional California-specific information is set out below.

**MASSACHUSETTS:** Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

**NEW YORK:** You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.



**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_