

# Employee Application Acknowledgment Form

By completing this application, you acknowledge and understand the following:

**1. Agencies Involved**

This application is being completed for employment consideration with **Best Choice Home Health Care** and **Just Home Care**. These are two separate and distinct agencies, each operating independently. The submission of this application is for consideration of employment with either of these agencies, or both, depending on the role and current staffing needs.

**2. Understanding of Separate Entities**

You understand that **Best Choice Home Health Care** and **Just Home Care** are legally separate entities and that any employment offer, should it be extended, may be from either agency, and the terms of employment (including compensation, benefits, and policies) may differ between the two.

**3. Confidentiality and Privacy**

Both agencies will handle your application and personal information according to their respective privacy policies. The agencies are committed to maintaining the confidentiality of your personal data and will use it solely for employment-related purposes.

**4. Equal Opportunity Employment**

Both **Best Choice Home Health Care** and **Just Home Care** are Equal Opportunity Employers and do not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, disability, or age in the hiring process.

By submitting this application, you confirm that you are providing your consent to have your application reviewed by both **Best Choice Home Health Care** and **Just Home Care**.