

Required Documents for Application

All of the below items are required for Employment and are required to complete your Personnel Record.

Copies of your:

- Driver's License
- Social Security Card
- Vehicle Insurance & Registration
- Resume
- CPR Card
- Home Health Aide or CNA Certification
- HIV / Aids / Infection Control
- Alzheimer's Disease and Related Disorders Training
- Zero Tolerance
- HIPPA
- Choice & Rights
- Level 2 Background Check
- Local Background Check
- 3 References



INSTRUCTIONS: If you need help filling out this application form, or for any phase of the employment process, please notify the person who gave you this form, and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any questions, use the comment section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us. 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 begins you will be terminated. All qualified applicants will receive consideration, and will be treated throughout their appointment without regard to race, color, religion, sex, nationality, a region, age, disability, or any other protected class status under applicable law.

PERSONAL INFORMATION

Today's Date:	
Position(s) Applied For:	
Name:	
Current Address:	
Previous Address:	
Home Phone:	
Alternate Phone:	
Emergency Contact Name & #:	
Driver's License #:	
State Issued:	
Expiration Date:	
Make & Model of Vehicle:	



Year of Vehicle:								
Auto Insurance Co: Policy #: Expiration Date:								
Have you ever been employed here? Yes / No If yes, when?								
How did yo	ou hear abo	out Heart of	Gold Hea	lth Care?				
Have you k for? Yes/	_	a copy of t	he job des	cription for	the positio	n for which	ı you have	applied
Why are yo	ou intereste	ed in emplo	yment with	n us?				
AVAILABI	LITY							
Due to the of hours w		he busines	s, no guara	antee can l	oe made as	s to the sch	nedule or th	e amount
What date	are you av	ailable to b	egin work	?				
Please cor	nplete all a	reas of ava	ailability:					
Please indica	ate the days o	of the week as	s well as the	earliest and la	atest times th	at you are av	ailable for wo	rk.
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	То:							
PREFERENCES								
Please indicate all areas of the city in which you are willing to work:								
Melbo		Palm Bay	Rockle		Cocoa	Titusville	e Orla	ındo



Please indicate the types of services which you are willing to work:					
Companionship	Housekeeping	Errands/Shopping/Transportation			
Meal Prep	Laundry/Ironing	Personal Care			
Activities	Medication Reminders	Dementia/Alzheimer's Care			
In order to be able to provide transinsurance. A motor vehicle record	sportation or run errands, you will be required check will be conducted and proof of insuran	to have a valid driver's license and current auto ce will be required			
Are you willing to provide	e service to a client with a pet? Yo	es / No			
Are you willing to provide	e service to a client that smokes?	Yes / No			
JOB RELATED SKILLS Describe any training or	life skills you have that apply to c	earing for a senior.			
Describe any work histor	y you have that would apply to c	aring for a senior.			
What do you like (or think	c you would like) most about wo	king with older adults?			
What do you like (or think	k you would like) least about wor	king with older adults?			
What personal reward do	you get from working with senio	rs?			
Education Please circle highest grad	de completed:				
Grade School: 6 7 8	High School: 9 10 11 12	College:			



School Type	School Name	City, State	Major/Subject	# Years Attended	Graduate
High School					Y/N
Vocational/Te chnical					Y/N
College/Univ ersity					Y/N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

Are you currently working for this employer? Yes / No If yes, may we contact? Yes / No

MOST RECENT EMPLOYER

Company Name.	City, State	Phone Number
Dates Employed From:	to Job Title	
Supervisor's Name		
Duties		
\$ per Salary (Hour, Week, Month)		



SECOND MOST RECENT EMPLOYER

Company Name.	City, State	Phone Number
Dates Employed From:	to Job Tit	tle
Supervisor's Name		
Duties		
\$ per Salary (Hour, Week, Mo		
THIRD MOST RECENT EMPLO		
		may we contact? Yes / No
Company Name.	s employer? Yes / No If yes, r City, State	may we contact? Yes / No Phone Number
	City, State	Phone Number
Company Name. Dates Employed From:	City, State	Phone Number
Company Name. Dates Employed From:	City, Stateto Job Ti	Phone Number

Security



Please be sure to complete the attached authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable & Insurable". Are you at least 18 years of age? Yes / No

Have you had any moving traffic violations? Yes / No If yes, please describe:						
Have you been chayes, please describ			sdemeanor or serv	ed time? Yes / No If		
<u>Incident</u>		City/ State		<u>Charge</u>		
1.)	-					
years? Yes / No References(Do no Please complete a references are pro	ot include relatives Ill 3 references. <u>You</u> vided. Since we wil	s) r application will no I contact these refe	ot be considered u erences, please no	tify them in advance.		
If we are unable to	reach all 3 referen	ces, you will be asl	ked to provide add	itional references.		
Full Name	Phone Number	Best Time to Call	Relationship	# of Years Known		
1.)		AM/PM				
2.)		AM/PM				
3.)		AM/PM				

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one(1) 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 in and belief. I understand that any false information, omission or misrepresentation of facts In this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this 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 any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon conformation of credentials and successful completion of drug test or criminal background check. I also understand that of hired regardless of any oral presentations to the contray. The employment relationship between Heart of Gold Health Care, LLC, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand and agree to the above disclosure. I also understand that due to the nature of business no amount of work can be guaranteed.

App	licant	Signa	ture
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(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

nternal	Revenue Service		ov/Formive for instru						
	1 Name (as shown	on your income tax return). Name is r	required on this line; do n	ot leave this line blank.					
	2 Business name/o	sregarded entity name, if different fro	om above			1.404			
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemptions (codes application entities, not individual instructions on page 3):									
S.	single-member LLC						ayee code	ə (if any)	
t Š	Limited liabilit	company. Enter the tax classification	on (C=C corporation, S=S	corporation, P=Partne	rship) ▶				
Some of the content o									
Ğ.	Other (see ins	ructions) ►				(Applies to acc	counts main	tained outsi	de the U.S.)
See Sp	5 Address (number	, street, and apt. or suite no.) See ins	structions.		Requester's name	and address	s (options	al)	
ŭ	6 City, state, and	P code							
	7 List account nun	oer(s) here (optional)							
Pai	Taxpa	er Identification Numbe	er (TIN)						
Enter	your TIN in the an	propriate box. The TIN provided	must match the name	given on line 1 to av	/OIG	curity numl	per		
back	up withholding. Fo	individuals, this is generally you rietor, or disregarded entity, see /er identification number (EIN). It	ir social security numb the instructions for Pa	oer (SSN). However, art I, later. For other	for a	-		-	
TIN, I		rer identification number (Env).	i you do not have a ne		or				
Note	t If the account is i	more than one name, see the i	nstructions for line 1.	Also see What Name	and Employe	r identificat	ion num	ber	
Numi	ber To Give the Re	quester for guidelines on whose	number to enter.			-			
Pai	Certif	cation							
	er penalties of perju	rv. I certify that:							
4 Th	o number chown	this form is my correct taxnave	er identification number	er (or I am waiting for	r a number to be is	sued to m	e); and		
2. I a Se	m not subject to bervice (IRS) that I a	ckup withholding because: (a) In subject to backup withholding backup withholding;	am evernnt from hack	aun withholding, or (t	o) i have not been	notified by	the inte	ərnal Re fied me	∍venue that I am
3. I a	ım a U.S. citizen o	other U.S. person (defined below	w); and						
4. Th	ne FATCA code(s)	ntered on this form (if any) indica	ating that I am exemp	t from FATCA reporti	ing is correct.				
Certi you h	ification instruction	s. You must cross out item 2 abo all interest and dividends on your ent of secured property, cancellat yidends, you are not required to s	ve if you have been not tax return. For real esta	tified by the IRS that y ate transactions, item ons to an individual ret	/ou are currently su 2 does not apply. F irement arrangeme	nt (IRA), an	d gener	ally, pay	, yments

U.S. person ▶ **General Instructions**

Signature of

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

Sign

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Heart of Gold Health Care

BACKGROUND CHECK AUTHORIZATION

ı			understand that as a condition o	of employment. Heart of Gold
			round check on me regarding:	or employment, meant or cold
•	Criminal record		curia official off the regulating.	
•	Motor Vehicle			
•		nt Offenders Reco	ard	
•		essional Reference		
•	Employment V		o voimodion	
•	Medical Suitab			
•	Education Veri	•		
•	Drugs/Alcohol	noation		
				at may have information relevan Care or its authorized agent(s).
•	I understand the applications .	nat this authorizat	ion is to be part of the written a	nd signed employment
•	l also understa			packground check but if I don't gi
			olication will not be processed for	
•			rights under the federal Fair C	redit Reporting Act(FCRA) and
			r relevant State law.	
•		rize that a photoc	opy of this authorization may be	e considered as valid as the
	original.			
			Dhana numh	20"
			Phone numb	
Dob	nt Address	Social	Security Number	
D.O.D	's License		State:	Exp Date
Dilvei	s Licelise			
List a	-	ates and dates of	residency during the last 10 ye	ears (Use back of sheet, if
City	Sary.)	State.	From: Month/Year	To: Month/Year
			is form are true and correct to t	
andbe	elief.I understand	I that employment	with Heart of Gold Health Care	e is contingent upon successful
comp	letion of a backg	round check.		

Date_____

Signature _____



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

olicies.	na comply with	the guidelines con	ained in the privacy
	and the second s		
Employee/Contractor Name (Printed)			
Employee/Contractor Signature			
Date			

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE.

NOTICE OF:

- SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department Of Law Enforcement(FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified Agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for HealthCare Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and theClearinghouse will be notified if FDLE receives Florida arrest information on you. Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours. Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should becontacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor. Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.