



Mama Brown's Gifted Hands Home Care LLC

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle Int.

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact(s):

Name (____) Phone Relationship

Name (____) Phone Relationship

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Insurance Co: _____ Policy # _____ Exp
Date: _____

Insurance Co. phone number: _____

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required..*

Have you ever submitted an application here before? **Yes / No** If yes, when?

Have you ever been employed here before? **Yes / No** If yes, when?

How did you hear about our MBGH Home Care?

Have you have been given a copy of the job description for the position for which you have applied to review. **Yes / No**

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us?

AVAILABILITY

Due to the nature of the business, **No Guarantee** as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____Mornings _____Afternoon _____Evenings _____Overnights _____Weekdays

_____Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To:							

Are you willing to provide service to a client with a pet? **Yes / No**

If yes, which ones: _____Cats _____Dogs

Are you willing to provide service to a client that smokes? **Yes / No**

Do you have any Medical or Lifting Restrictions? **Yes / No**

If yes, please explain: _____

Applicant Name:

PREFERENCESPlease indicate with an **X** the types of services which you are willing to provide:

	Personal Care	Disease Management	Concierge Services
Activities		Alzheimer's	Nutrition & Wellness Coach
Ambulatory Care		Arthritis	- Evaluate Current Diet
Assist in Daily Activities		Cancer	- Create Nutrition Plan
Companionship		Dementia	- Weight loss Tips
Entertainment		Diabetic	- Prepare Wholesome meals Plans
Errands		Heart Disease	- Maintain Progress
Grooming		Appointment Coordination	
Housekeeping		Doctor Coordination	Preventative Screening
Incontinent Care		Explanation of Services	<i>With RN or Dr's orders</i>
Meal Preparation		Medical Health Check	
Laundry/Ironing		Medication Organization	Technology Coordination indicate which with letter (S,T,C)
Medication Plan		Medication Use	Set-up, Teach, Coordinate
Medication Reminders			- Computer
Outpatient Care			- Phone
Safety & Wellness			- Camera
Shopping			- Cable
Support Services			- Printer
Transportation*			
Additional Services			Pharmacy Services
Child Care		Post-Operative Care	- Pick/Drop RX
Bath Program		Social Outings	- RX Delivery
Beautician-Nail & Hair		Surgery Recovery	
Exercise Therapy			Travel Services
Discharge Transitions			- Travel Companion
Grab Bar Install		List any skill that you have,not listed	- USA
Handyman			- Abroad
Massage Therapy			
Memory Coaching			
Post Operative Care			
Respite Care			
Overnights Shifts			

Applicant Name:

MBGHHC HP-A7/18

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior:

Describe any work history you have that would apply to caring for a senior:

What do you like most (or think you would like) about working with older adults?

What do you like (or think you would like) least about working with older adults?

What personal rewards do you get from working with seniors?

What makes you a good fit for MBGHHC?

Name three of the most important things you need to be a Care Giver?

1

2

3

Applicant Name:

Please 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 19 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

Incident

City/State

Charge

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years?
Yes or No.

REFERENCES (Do not include relatives)

Please complete all six references. Your application will not be considered unless a minimum of 4 references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 6 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		
4)	H () W ()	AM / PM AM / PM		
5)	H () W ()	AM / PM AM / PM		
6)	H () W ()	AM / PM AM / PM		

Applicant Name:

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 knowledge and belief. I understand that any false information, omissions or misrepresentations 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 confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *MBGH Homecare*, and myself is terminable at-will, so that both the company and I remain free to choose to end our 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 the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Home Care provider. 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, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

FOR OFFICE USE ONLY	
NOTES:	
Interviewer Name:	Date:

Applicant Name:

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 Danbury, CT 06810
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 Fax: 805.306.1645

E-mail: kbrownMBGH@gmail.com or cbruggerMBGH@gmail.com
CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Mama Brown's Gifted Hands Home Care LLC (MBGHHC) (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in Connecticut, 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. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

Applicant Name:

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ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CT: Pursuant to section 1786.22 of the Connecticut Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agencies 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. Additional Connecticut-specific information is set out below.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, 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 its receipt of your request or 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. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, 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 provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made 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 from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

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Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation and release of background reports for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor 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 additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract 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 hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present 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 history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Applicant Name: