



<b>PERSONAL DATA - If you have lived at current address less than one year, list previous address.</b>				<b>Today's Date</b>
Name, Last	First	Middle		
Soc. Sec. #	Telephone #	Message #		
Street Address	City	County	State	Zip
Previous Address: Street	City	County	State	Zip

EDUCATION			
Date	School, Location	Degree/Diploma	Course of Study
Date	School, Location	Degree/Diploma	Course of Study
Date	School, Location	Degree/Diploma	Course of Study

SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION			
License/Certification Type	License/Certification No.	State	Expiration Date
License/Certification Type	License/Certification No.	State	Expiration Date
CPR Expiration Date	Last Physical Exam Date	Lab TB/Chest X-Ray Date	

**GENERAL INFORMATION**

Are you legally authorized to work in the USA  Yes  No  
 (If you became an employee of Matrix, you will be required to provided documentation proving your eligibility to work in the USA)

Have you every been convicted of a felony or misdemeanor crime?  Yes  No  
 (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. *If yes, state the basis for each conviction and the date of the conviction:*

Are you able to perform the tasks according to the job description without accommodation?  Yes  No

If an accommodation is needed, how would perform the task and with what accommodation? \_\_\_\_\_

How did you hear about Georgina?  Newspaper  Trade Publication  Job Fair/Open House  Employment Agency

Georgina employee (name) \_\_\_\_\_  Work location \_\_\_\_\_

In case of emergency, notify:

\_\_\_\_\_ Telephone# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\*Consideration for religious accommodations will be made as appropriate.

**WORK EXPERIENCE - Please complete all appropriate items, even if you have already provided us with a resume.**

Company Name (Present or most recent employer)		Employment Dates From Mo _____ Yr _____ To Mo _____ Yr _____	
Company Address	Title	Salary Hourly \$	Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor	Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? _____	
Explain reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	

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Describe your most recent job duties and accomplishments:			
Name of Current Supervisor	Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? _____	
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Explain reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.

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**REFERENCES - Please list three individuals with whom you have worked who were in a position to evaluate your performance.**

Name	Company	Title	Phone #

*Please be sure to read and sign the Acknowledgement on the back page of this application. Georgina Home Care is an Equal Opportunity Employer*

**EMPLOYEE AVAILABILITY**

Please provide the following information on your availability to work for Professional Home Health Care.

Type of Transportation you have / will use for home visits: \_\_\_\_\_

Do you have any allergies that would affect your work at Georgina Home Care?  No  Yes

If yes, please list here: \_\_\_\_\_

Do you have a problem working with a client who smokes?  No  Yes

How many hours are you willing to work per week? \_\_\_\_\_

Locations willing to work:

\_\_\_\_\_

**Please Check (X) the Day and Time of Week You Are Available**

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: \_\_\_\_\_

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

### BACKGROUND CHECK AUTHORIZATION

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN\*: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other/Previous names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary.) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence**. Attach additional sheet, if necessary.)

1. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_

3. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT which are both available at <https://www.trudiligence.com/downloadforms.php> and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, workers compensation bureau, testing laboratory or insurance company to furnish any and all background information requested by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. If applicable, I hereby authorize the release of my confidential report to any Third Party directly involved in the hiring or placement process and understand that any release to a third party will not occur until that party has completed a certification regarding the use and viewing of confidential information. I agree to release, hold harmless, and indemnify TruDiligence from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party pursuant to this authorization; the unauthorized use of this information by the Third Party; and, any actions taken by the Third Party pursuant to this authorization.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

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

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.