 Caring Friends In Home Care

**APPLICATION FOR EMPLOYMENT**

**Notice to Applicant:**

This Facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability. The facility does require applicants to be able to perform the job for which the applicant is being considered.

Nebraska law requires the facility to perform a criminal background check and registry checks on all direct

care staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect or misuse of others property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional based on the results of the screen at the facility’s expense.

[**Email Complete Application to: amy.augustin@caringfriendsinhomecare.com**](mailto:amy.augustin@caringfriendsinhomecare.com) **Demographics**

Name

(Last) (First) (Middle)

Social Security No

Address

(Street) (City) (State) (Zip)

Date of Birth

Telephone Fax Email

Position applying for

Preferred Shift: Day Evening Night

Preferred No. Hours: Full Time Part Time Temporary

**Employment History**

Have you previously worked for this facility or organization? Yes No Dates

Have you served in the military? Yes No

How did you hear about this position?

Are you over 18 years of age? Yes No Employment may be subject to child labor laws.

Are you a U.S. Citizen? Yes No If not, are you able to legally work in the U.S.? Yes No Alien Registration Number

Have you ever been convicted of a crime? Yes No If yes, list convictions and dates:

Who was your last employer?

(Name)

Last employer’s location

(Address) (City) (State)

Reason(s) for leaving

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**Other Former Employers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Address | Contact Person/Phone | Dates | Reason For Leaving | Ok to contact?  Yes or No |
|  |  | From: |  |  |
| To: |  |
|  |  | From: |  |  |
| To: |  |
|  |  | From: |  |  |
| To: |  |
|  |  | From: |  |  |
| To: |  |
|  |  | From: |  |  |
| To: |  |

**Education**

Highest Grade Completed Degree/Diploma Other Training Licenses/certifications Honors/extracurricular activities during school

Other professional organizations, honors, and community involvement you feel contributes to your job

qualifications

**Personal References**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment Agreement**

I give this facility permission to contact previous employer and personal references and release from all liability all individuals or companies providing such information. I understand my employment and/or continued employment may be dependent upon the results of background checks and a physical examination. I understand my employment may be terminated for any dishonesty in completing this form.

(Applicant Signature)

(Date)

**.../anesource,.**

l'he llackground Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

(IMPORTANT·· PLEASE READ CAREFULLY

BEFORE SIGNING AUTHORIZATION)

***DISCLAIMER: This document Is Intended for lnsttucllonal pmposes only and Is not Intended as lflgal advice. We recommend you consult with an attorney to review this document and the* arrached*state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.***

DISCLOSURE REGARDING OSCC BACKGROUND INVESTIGATION

[Employer] ("The Company") may oblain inf0flll8tion about you from a consumer reporting agency for thepurpose of gaining site access to One Source Cer1ified Conlractors (OSCC) sitelocations. Thus, you may be the subject of a "consumer report· and/or an·investigative consumer report· which may include information about your character, general reputation, personal characteristics, and/or mode of living, which canInvolve personal Interviews ,vith sources such as your neighbors, friends, or associales. These reports may conlaln lnfonmallon regarding yourcriminal history, socuilsecuritysearch, motor vehicle records ("driving records"), or other background checks. You have the right, upon v1Titlen request made within a reasonable time after receipt of this notice, to request disclosure or thenature andscope of any investigative consumer report conducted by !One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645,[www.onesourcebackground.com](http://www.onesourcebackground.com/)]. The scope or this notice andauthorization is allowing the Company lo obtain from **any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your**

OSCC program participation for site access to U1e extent penmitled by law.

**AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS

UNDER THE FAIR CREDIT REPORTING ACT and certify that I havereadand understand both **ol** those documents. I hereby authorize the obtaining of "consumer reports• and/or'investigative consumer reports' by the Company at any lime after receipt of this authorlzatton and throughout my employment, applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shallbe as validas the original.

I further authorize One Source The Background Check Company ("One Source"), or their agents, to act as a thlrd•party administrator between me andthe componios who engage Ono Source for the purpose of gaining access to any OSCC sites, and determining whether **the minimum requirements forcompliance with companies' minimum background requirements are met. I aulhorize One Source tocollect** anduse my personalInformation, Including but not limited to: drug screen(s], driving report. and/or crtminalhistory. I understand that the personalInformation detailed above will not be shared with the companies. Instead, One Source will provide a uniqueidentification number to myself and to The Company. I hereby authorize One Source to disseminate PASS/FAIL, name, company name, and expiration date to anyand all users of OSCC via theweb.One Source willmatch my applicant profile withcompanies' requirements to generate a "Meets Requirements• or "Does Not Meet Requirements" result. The only information provided to sites is my unique One Source Certified Contractor identification number along wilh a report stating Whether my qualifications meet *or* fail to meet specific companies' **requirements.**

PLEASE **PRINT** LEGIBLY

T/Jis *informaUon will beused* for *background screening purposes onlyand wHI* /lOI*beused for any other purpose*

Last Name: First Name: Middle: \_ Other Names/Alias: \_ Social Security#: Date of Birth(MM/DD/YYYY): Driver's License #: State of Driver's License:

Present Address: Phone:---=-----------

City: State: Zip: \_

All Previous Addresses In the Last Seven (7) Years

Signature: Date:

One Source I Disclosure and Authorization Form IJuly 2019

.**onesource.**

# AUTHORIZATION FOR ONGOING SCREENING

[IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

# DISCLOSURE REGARDING ONGOING SCREENING

Tho Company {'"Tho Company")reserves the right lo obtainil1formation about you from a Consumer Reporting Agency during the course of your OSCC program participalion forsite access. Thus, you rnay be the subject ofa •consumer report· and/()( an "investigative consumer report' (as describedin "Disclosure and Authorlzalion" onIhaprevious page) for thepurpose ofcontinued participation in the OSCC program. This notonly includes annual/ biannual ongoing screening, butcovers random screening of OSCC pool participants as well. This authorization shall remain in force for the entire duration ofour OSCC program participation for site access and will only terminate with the tem,lnation of your OSCC progn,rn participation.

# ACKNOWLEDGEMENT AND AUTHORIZATION

I acl<nowfedge receipt of the DISCLOSURE REGARDING ONGOING SCREENING, the DISCLOSURE REGARDING BACKGROUND

INVESTIGATION, and ASUMMARY OF YOUR RIGHTS UNDER THE FCRA andcertify thatI haveread and understand these documents. I hereby authortze the obtaining of "consumer reports• and/or "Investigative consumer reports• by the Company at any lime attar the receipt of this authorization and throughout my employment.

Signature: **Date:**