



**DOCUMENTS NEEDED FOR HIRE**

**PLEASE READ THE FOLLOWING INFORMATION CLOSELY. PLEASE DO NOT LET STAFF START IF THE MATERIALS HAVE NOT BEEN CHECKED OFF.**

**DO NOT JEPORDIZE YOURSELF OR THE COMPANY**

For Heavenly Care, Inc. to process your application, you **MUST** have the following documents listed below. The hiring process will take longer if Heavenly Care, Inc. does not have the proper paperwork. It is mandatory to provide this information prior to orientation, on orientation day, or prior working in the homes.

Office: 615.712.7676 Fax: 855-553-6009

**Applicant Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

1st.....Prior to Hire (circle the appropriate)

- I have copy / Need copy Complete the attached Application fully & Please Print Clearly
- I have copy / Need copy Complete the attached Background Screen Authorization
- I have copy / Need copy Complete the attached Abuse and Sex Offender Authorization
- I have copy / Need copy Provide a copy of your Driver's License
- I have copy / Need copy Provide a copy of your Social Security Card
- I have copy / Need copy Provide a copy of your Work Authorization, etc. if applicable
- I have copy / Need copy Complete all Employment and Personal Reference Authorizations

**If hired, you must also provide the following: (circle the appropriate)**

- I have copy / Need copy Current Automobile Insurance Coverage
- I have copy / Need copy TB Skin test or Chest X-ray Results
- I have copy / Need copy Proof of Education (High School, GED, or College)
- I have copy / Need copy Proof of DIDD (Relias) training (**CPR, First Aid must have before working in a home**) (**Cannot touch unless has Med Admin, CPI, etc.**)

**APPLICANT PLEASE PUT A CHECK MARK BESIDE WHAT DOCUMENTS YOU HAVE.**

**Turn All Forms Back To Heavenly Care Management, With Any Of The Documents That Need Copies**

I have reviewed the Application and attached documents and they are complete and ready for review. Copies of the above requested materials are attached.



# HEAVENLY CARE, INC.

## APPLICATION FOR EMPLOYMENT

(Do not leave blanks. Information on resume must be on application)

★ PLEASE PRINT CLEAR ★

### DATE OF APPLICATION: \_\_\_\_\_

Last Name	First Name	MI
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Maiden Name (If Applicable)	Social Security Number
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Present Address (Street Number)	City, State Zip Code
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Home Phone #	Cell Phone #	Work Phone #	Emergency Phone #
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Email Address:	Name of HCI Employee Referral
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Have you ever worked for us before?    Yes    No	Are you at least age 18?    Yes    No
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Do you have the right to work in the US?    Yes    No	Date of Birth
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Are you employed now?    Yes    No	Why do you desire a change?
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Please circle gender    Male    Female	Circle The Position Applying for?    DSP    PA    LPN    RN    THERAPIST MANAGEMENT    OFFICE ADMIN.
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Days you can work (Circle)    M    T    W    Th    F    Sa    Su	How soon can you report for work?
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Type:    FT    PT    Temp	Shifts you can work (Circle):    1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	Do you have Relias Training & Proof of Training    Yes    No
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Indicate what current certifications / training you possess (check):    CPR    1 <sup>st</sup> Aid    CPI    Med Admin    Other List Below
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List all Other Training you have Pertinent to this position:
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Have you ever been dismissed/ asked to resign from employment?    Yes    No
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If yes, explain
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Did any dismissal or requested resignation involve abuse, neglect or any act of aggression?    Yes    No
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If yes, explain
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Have you ever been convicted of a felony?    Yes    No	Have you ever been convicted of a Misdemeanor?    Yes    No
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If yes, state conviction, date, court and place where offence occurred.
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Have you ever been required to register as a sexual offender?    Yes    No
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If yes, explain
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Do you have a valid Driver's License?    Yes    No	DL Number	DL issued in what State
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Type of Auto Insurance:    Liability Only    Full Coverage	Number of Traffic violations within the past 5 years?
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### EDUCATION

High School City/State	Did you graduate    Yes    No	Year:
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College/University City/State	Degree Earned:	Year:
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**EMPLOYMENT HISTORY (must complete all the information to the fullest)**  
**(Start with present employer and continue for a 5 year history – ask for additional sheets if necessary)**

<b>1) Name of Employer</b>	Address of Employer	Phone Number
Immediate Supervisor & Position	Date Hired	Starting Pay
Your Job Title	Date Left	Final Pay
Job Duties		
Reason for Leaving	May we use this employer as a reference? Yes No	

<b>2) Name of Employer</b>	Address of Employer	Phone Number
Immediate Supervisor & Position	Date Hired	Starting Pay
Your Job Title	Date Left	Final Pay
Job Duties		
Reason for Leaving	May we use this employer as a reference? Yes No	

<b>3) Name of Employer</b>	Address of Employer	Phone Number
Immediate Supervisor & Position	Date Hired	Starting Pay
Your Job Title	Date Left	Final Pay
Job Duties		
Reason for Leaving	May we use this employer as a reference? Yes No	

<b>4) Name of Employer</b>	Address of Employer	Phone Number
Immediate Supervisor & Position	Date Hired	Starting Pay
Your Job Title	Date Left	Final Pay
Job Duties		
Reason for Leaving	May we use this employer as a reference? Yes No	

<b>5) Name of Employer</b>	Address of Employer	Phone Number
Immediate Supervisor & Position	Date Hired	Starting Pay
Your Job Title	Date Left	Final Pay
Job Duties		
Reason for Leaving	May we use this employer as a reference? Yes No	







## DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Heavenly Care, Inc.** may obtain information about you from a consumer reporting agency for Employment purposes. 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 and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Heavenly Care, Inc.** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Heavenly Care, Inc.** by contacting the consumer reporting agency identified above directly.

### ACKNOWLEDGMENT AND 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 have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. 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, or insurance company to furnish any and all background information requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of **Heavenly Care, Inc.,** and/or **Heavenly Care, Inc.,** itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**NOTICE:** Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Heavenly Care, Inc. is an **equal opportunity employer**. Consideration for employment shall not be based on religion, race, color, creed, sex, age, national origin, disability, or military status. Employment of applicants for direct support services is contingent upon the approval of the individuals or his/her legal representative.

I understand and agree:

1. I hereby give consent for Heavenly Care, Inc. to perform a complete background investigation as required under the laws of the State of Tennessee. I understand this investigation may include, but is not limited to, my driving record, criminal records and references. I understand that negative information may affect by eligibility for employment and shall not be considered discrimination by the company.
2. Any material misrepresentation or deliberate omission of facts in this application may be justification for refusal of or termination from employment.
3. Heavenly Care will run a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorized such investigation and the exchange of information requested by Heavenly Care. I release from liability any person giving or receiving any such information. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. . I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
4. I authorize any physician or hospital to release information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
5. After a conditional offer of employment has been made with Heavenly Care, **Inc.**, I agree to take a medical examination by a qualified physician at the discretion of my employer.
6. I understand that management makes every effort to schedule employees to accommodate individual preferences and religious beliefs. However, the needs of the individuals supported may require overtime, rotation work schedules and locations, and holidays.
7. This is an application for employment. I understand that no employment contract is offered or implied.
8. If I become employed, such employment is for no definite period of time. **Heavenly** Care may change wages, benefits and conditions of employment at any time.
9. If I become employed or receive a job status change after employment, I will serve a 90-day conditional probationary employment period.
10. If hired, I may be asked to sign a non-complete contract under company policy.
11. If employed I understand that I may be required to submit to fingerprinting, which will be submitted to the Tennessee State Bureau of Investigations for a complete criminal record check.
12. I consent to a drug screening as possible term or my employment and understand that I may be subject to random drug screening at any given time during my employment. Failure to comply with a drug screening or a positive drug screening may be cause for denial of employment or termination if employed.

I have read, understand, and agree to the above conditions.

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

Printed Name of Applicant \_\_\_\_\_

*This application will be kept in an active file for 30 days.*



# HEAVENLY CARE, INC

## Personal Reference Verification Form

I authorize the release of the following information regarding my personal character:

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

(Staff complete using only..1 family member and the rest friend, co-worker, church member, etc.)

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

**DO NOT FILL OUT BELOW:**

**FOR OFFICE USE ONLY**

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: \_\_\_\_\_

Communicated by Telephone \_\_\_\_ Fax \_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff complete using only..1 family member and the rest friend, co-worker, church member, etc.)

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

**DO NOT FILL OUT BELOW:**

**FOR OFFICE USE ONLY**

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: \_\_\_\_\_

Communicated by Telephone \_\_\_\_ Fax \_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff complete using only..1 family member and the rest friend, co-worker, church member, etc.)

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

**DO NOT FILL OUT BELOW:**

**FOR OFFICE USE ONLY**

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: \_\_\_\_\_

Communicated by Telephone \_\_\_\_ Fax \_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_







# 1. EMPLOYEE REFERENCE CHECK

(APPLICANT IS TO FILL OUT TOP PART)

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the above person/company to disclose the following information about my employment with them from the following: Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Held While Employed \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Brief Job Responsibilities: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The section below is to be completed ONLY by an authorized representative of the above named company or Heavenly Care Staff)

1. When did he/she work for your company? From \_\_\_\_\_ To \_\_\_\_\_
2. What was his/her job title? \_\_\_\_\_ Would you re-hire him/her? \_\_\_\_\_

**Heavenly Care** provides twenty-four hour supports to adults and children with developmental disabilities. Do you know of any reasons why he/she would be unable to provide those supports to individuals we serve with or without direct supervision? If yes, please explain:


**Additional Comments:**


Circle one conducted – Phone Reference Via-Email or Mail Person spoke with \_\_\_\_\_

Witness/ Heavenly Care Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_





## 2. EMPLOYEE REFERENCE CHECK

(APPLICANT IS TO FILL OUT TOP PART)

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the above person/company to disclose the following information about my employment with them from the following: Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Held While Employed \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Brief Job Responsibilities: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The section below is to be completed ONLY by an authorized representative of the above named company or Heavenly Care Staff)

1. When did he/she work for your company? From \_\_\_\_\_ To \_\_\_\_\_
2. What was his/her job title? \_\_\_\_\_ Would you re-hire him/her? \_\_\_\_\_

**Heavenly Care** provides twenty-four hour supports to adults and children with developmental disabilities. Do you know of any reasons why he/she would be unable to provide those supports to individuals we serve with or without direct supervision? If yes, please explain:


**Additional Comments:**


Circle one conducted – Phone Reference   Via-Email or Mail   Person spoke with \_\_\_\_\_

\_\_\_\_\_  
Witness/ Heavenly Care Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





### 3. EMPLOYEE REFERENCE CHECK

(APPLICANT IS TO FILL OUT TOP PART)

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the above person/company to disclose the following information about my employment with them from the following: Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Held While Employed \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Brief Job Responsibilities: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The section below is to be completed ONLY by an authorized representative of the above named company or Heavenly Care Staff)

1. When did he/she work for your company? From \_\_\_\_\_ To \_\_\_\_\_
2. What was his/her job title? \_\_\_\_\_ Would you re-hire him/her? \_\_\_\_\_

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**Additional Comments:**


Circle one conducted – Phone Reference Via-Email or Mail Person spoke with \_\_\_\_\_

\_\_\_\_\_  
Witness/ Heavenly Care Representative Signature Title Date



## Heavenly Care Inc

### STATEMENT FOR RELEASE OF INFORMATION

Date:

Name of Agency & Region: **Heavenly Care Inc. - Middle TN**

Full Name of Employee:

Previously used names (nicknames, maiden name, etc.)

SS#:

DL#:

State of DL:

Hire Date:

I, *(name of employee or contractor)*, certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize *(Provider's name and region)* and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee:

Date:

Witness:

Date:

