

## ATTENTION

### ALL APPLICANTS FOR EMPLOYMENT

We only issue applications Monday-Thursday from 8:00AM-1:30PM

Please be sure you have the following:

- 3 Reference Checks
- Copy of valid Driver's License or State ID
- Copy of Social Security Card
- Copy of Car Insurance (Must be Current)
- Date of Vehicle Inspection Sticker
- Copy of CNA Certificate (If Applicable)
- Copy/Date of CPR/1<sup>ST</sup> AID Certification \_\_\_\_\_
- Bring non-refundable \$20.00 money order for your driver's record, sex offender, and criminal background investigation. The remaining amount owed will be deducted from your paycheck.
- Must be willing to work **WEEKENDS** and **HOLIDAYS!!!**
- Must have a way to be contacted **AT ALL TIMES**

**THANK YOU!!!**

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



**A Good Home Care Services, LLC**  
9300 Mansfield Rd. STE. #305  
Shreveport, LA 71119  
318-688-0832

**APPLICATION FOR EMPLOYMENT**

Please Print Clearly with Ink-Applicants May Be Tested For Illegal Drugs

Name: _____			
Last	First	Middle	(Maiden)
Present Address: _____			
How long have you lived at your present address? _____			
City: _____		State: _____	Zip Code: _____
Social Security No.: _____ - _____ - _____		Date of Birth: ____ / ____ / ____	
Telephone No.: _____			
How did you hear about A Good Home Care Services? _____			

Are you 18 or older? _____		Do you have a Driver's License? _____	
What is your means of transportation to work? _____			
Driver's License No.: _____		State of Issuance: _____	
Expiration Date: _____			
Have you had any accidents during the past three years? _____		How many? _____	
Have you had any moving violations during the past three years? _____		How many? _____	

Position(s) applying for: _____			
Date you are available to start: _____			
When are you available to work? _____			
How many hours are you available to work weekly? _____			
Employment Desired: ___ Full Time    ___ Part Time    ___ Other (please indicate)			

**MILITARY**

Have you ever been in the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now a member of The National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain number of conviction(s), nature of conviction(s) leading to conviction(s), how recently such offenses(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

\_\_\_\_\_

\_\_\_\_\_

**Education History**

Type of School	Name of School	Location (Complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

**Professional References** Give below the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Telephone	Years Known

## Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets, if necessary.

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of last supervisor:	Employment Dates: To:  From:	Pay/Salary: Start:  Final:
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			
Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of last supervisor:	Employment Dates: To:  From:	Pay/Salary: Start:  Final:
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			
Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of last supervisor:	Employment Dates: To:  From:	Pay/Salary: Start:  Final:
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			

May we contact your present employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Did you complete this application yourself?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, who did? \_\_\_\_\_

## A Good Home Care Services, LLC

PLEASE LIST THREE PERSONAL (3) REFERENCES; CAN INCLUDE RELATIVES.

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By providing my signature, gives A Good Home Care Services, LLC my permission to inquire about my references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# A Good Home Care Services

## AUTHORIZATION FOR CONSUMER REPORTS & INVESTIGATIVE CONSUMER REPORTS

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by \_\_\_\_\_ (“A Good Home Care Services”); If hired (or accepted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information as listed in the disclosure(s) signed by me for consumer reports and investigative consumer reports.

These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (credit may be restricted by local laws, if required you will receive an additional disclosure), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interview, as applicable, with former employers, past or current neighbors and associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

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

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

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **Global Data Fusion, LLC**. (“Agency”), **P.O. Box 53889, Lafayette, LA 70505-3889** (address), telephone number **(337) 205-3007**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: <https://globaldatafusion.com/privacy-policy/>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CT) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).