

CNA & PCA APPLICATION

Please return all available copies of requested documents with your application.

- CNA or PCA Certification
 - CPR Certification
- Current TB skin Test or x-ray
- Current Criminal Background Check (Nationwide)
- Picture ID (Driver's License) & Social Security Card
 - Car Insurance
 - Current Physical

*Thank you for your Interest in
First Choice Home Care!*

First Choice Home Care

823 Calhoun Ave.

P.O. Box 983

Yazoo City, MS 39194

Phone: 662-746-5436

Fax: 662-746-5425

First Choice Home Care, LLC

APPLICATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street/Mailing City State Zip County

Email Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever had any professional license or certification placed under investigation, revoked, disciplined or suspended? Yes No If yes, explain: _____

Emergency Contact

In the event of an emergency, the following may be contacted: _____

Relationship: _____ Phone: (_____) _____

Position

Position Applied For: RN/LPN CNA PCA Area Supervisor Office Staff Other Staff

Shift Preference: Day Evening Night

Shift Type: 4 hr. 8 hr. 12 hr.

Position Desired: Full-Time Part-Time

Available to Start: _____

Education

High School: _____

Graduated? Yes No

City and State: _____

Degree: _____

Technical/Trade School: _____

Graduated? Yes No

City and State: _____

Degree: _____

College/University: _____

Graduated? Yes No

City and State: _____

Degree: _____

Professional References

Full Name: _____ Relationship: _____
Occupation: _____ Phone: (____) _____

Full Name: _____ Relationship: _____
Occupation: _____ Phone: (____) _____

Previous Employment

From: _____ To: _____ Position Held: _____
Salary: Beginning _____ Ending _____ Supervisor: _____
Company: _____ Phone: (____) _____
Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

From: _____ To: _____ Position Held: _____
Salary: Beginning _____ Ending _____ Supervisor: _____
Company: _____ Phone: (____) _____
Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

From: _____ To: _____ Position Held: _____
Salary: Beginning _____ Ending _____ Supervisor: _____
Company: _____ Phone: (____) _____
Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____
Discharge Rank: _____ Discharge Type: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application and/or interview may result in disciplinary action.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

REFERENCE RELEASE FORM

I understand that First Choice Home Care, LLC will check references, as a part of the hiring process, to learn about my work history. I also understand that I will not have access to them. I release First Choice Home Care, LLC and all providers of information from any liability as a result of furnishing and receiving this information.

I give permission for First Choice Home Care, LLC to contact my current employer for a reference.

Please circle - YES NO

I give permission for First Choice Home Care, LLC to contact my past employers as shown on my job application, and those listed below for employment references.

Please circle - YES NO

Failure to authorize contact may exclude you from being considered for employment.

Applicant Signature: _____ **Date:** _____

Other references that you may call:

Name, Title: _____

Company: _____

Phone Number: _____

Name, Title: _____

Company: _____

Phone Number: _____

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal state and local laws governing this area.

Print Name: _____

Other Known Names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Drivers License Number: _____ Issued State: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Requesting Company, **First Choice Home Care, LLC.**, 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, local, 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 **24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374**, another outside organization acting on behalf of the Requesting Company, and/or the Company itself.

I acknowledge receipt of the below documents and certify that I have read and understand both of these documents. (Please initial below)

_____ **DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT**
I have received the Disclosure Regarding Consumer and/or Investigative Report

_____ **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA)**
I have read and received the Summary of Your Rights, and if a California resident applicant
A Summary of Your Rights under the Provisions of California Civil Code §1796.22

I understand such notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE § 1786.22

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

I understand by signing my name below, I am authorizing the background check as described above:

(Signature)

(Date)