



Acknowledgment of Employee Handbook and Safety Program

By signing below, you acknowledge that you have received, read, and understood the Employee Handbook and Safety Program, and will abide by the policies, rules, and regulations in the 24Hr HomeCare Employee Handbook and Safety Program. By signing below, you realize that the receipt of the Employee Handbook is not an offer for employment, and employment can only be offered by an Authorized 24Hr HomeCare Representative. I realize that 24Hr HomeCare can change its policies, rules, and regulation at any point in time, but it will not affect my employment with 24Hr HomeCare. Not following the policies, procedures, rules/regulations within the Employee Handbook and the Safety Program could result in disciplinary actions and/or possible termination of employment.

Employee Signature

Date

Printed Employee Name

24Hr HomeCare Representative Signature



_____ New Hire _____ Change

Hire Date: _____

Employee Personnel Form

General Information:

Name: _____ SS# _____ DOB: _____

Address: _____
Street City State Zip

Email Address: _____ Alt Email Address: _____

Telephone: (H): _____ (W): _____ (C): _____
Emergency Contacts: Name _____ (P) _____
Name _____ (P) _____
Name _____ (P) _____

Ethnicity: African American Asian/Pacific Islander Caucasian American Indian Hispanic Alaskan Native Other
Marital Status: Married Single
Gender: Male Female

Financial Information (Located on the W4) – How many dependents do you claim?

State Exemptions: _____ Federal Exemptions: _____

Signature of Employee _____ Date _____ 24Hr HomeCare Representative Signature _____

Print Employee Name _____



Criminal Background Check Authorization

RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release 24 HR HomeCare LLC, its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through, but not limited to the following sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, personal interviews, personal references, motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer reports(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: X _____ Date: _____

Please Print:

Name: _____ *Date of Birth: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Gender (check one): _____
Male Female

Driver's License # _____ Issuing State _____

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street Number and Name City State Zip Dates

List Any other Addresses that you have used in the last 7 years:

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Street Number and Name City State Zip Dates

Are you applying for a position in California, Minnesota, or Oklahoma? Yes ___ No ___
If yes, would you like a copy of any consumer reports requested sent to you? Yes ___ No ___

* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.