



**Help At Home, Inc.
Criminal Background Check Authorization**

REQUIRED of all Field Staff candidates prior to any work assignments

In consideration for potential employment and/or employment with Help At Home, Inc. (“Employer”), Employer will make or will cause an agency on its behalf to make inquiries, including but not limited to, criminal history, public records, experience, or other qualifications for employment, including reasons for termination of past employment.

Please complete and sign below to authorize, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employer or its agent to furnish any or all of the above-listed information. Your authorization releases Employer and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, in order to successfully complete a background investigation.

I authorize Help At Home, Inc. to obtain criminal background information on me from the State Police in accordance with Company policies and contract regulations. I also authorize Help At Home, Inc. to deduct a \$10.00 fee for the check from my first paycheck should I be employed by Help At Home, Inc.

The following information is required to complete the criminal background check: (ALL FIELDS REQUIRED)

PLEASE PRINT

Last Name	
First Name	
Middle Initial	
Date of Birth*	
Sex	
Race	
Social Security Number	

**Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.*

Applicant’s Signature: _____ Date: _____

OFFICE LOCATION (city, state): _____



APPLICATION FOR EMPLOYMENT

By signing this application, the applicant affirms that all information they have provided is true, accurate and correct. Any applicant providing Help At Home, Inc. with any false information will not be considered for employment with the Company. Any employee discovered to have provided false information on their employment application may be subject to immediate termination.

POSITION APPLIED FOR: _____ DATE: _____

REFERRAL SOURCE: Internet Newspaper Employee Walk-In

Name of source (if applicable): _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____
(area code)

SOCIAL SECURITY NUMBER: _____

Have you ever been employed with Help At Home, Inc.? YES NO

If yes, give date: _____/_____/_____

Are you a preferred caregiver?*(Illinois only)* YES NO

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date: _____/_____/_____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. citizenship or immigration status will be requested upon employment.)

Are you able to meet attendance requirements of the position? * YES NO

Will you work overtime if requested? YES NO

Have you ever been bonded? YES NO

Have you ever been convicted of a crime or felony? YES NO

If yes, provide date(s) and please explain: _____

**Most assignments are during normal business hours (Mon.-Fri., 8am-5pm); however, some assignments require workers to be available during evening and/or weekend hours.*

List your last four (4) employers, assignments or volunteer activities; starting with the most recent and including military experience. Explain any gaps in employment in the Comments section below.

1.

Employer	Phone
Street Address	City State Zip
Job Title	Immediate Supervisor & Title
Reason for leaving	
Dates Employed	

FROM	TO	Summarize the nature of the work performed and job responsibilities	
HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? YES NO LATER

2.

Employer	Phone
Street Address	City State Zip
Job Title	Immediate Supervisor & Title
Reason for leaving	
Dates Employed	

FROM	TO	Summarize the nature of the work performed and job responsibilities	
HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? YES NO LATER

3.

Employer	Phone		
Street Address	City	State	Zip
Job Title	Immediate Supervisor & Title		
Reason for leaving			
Dates Employed			

FROM	TO	Summarize the nature of the work performed and job responsibilities	
HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? YES NO LATER

4.

Employer	Phone		
Street Address	City	State	Zip
Job Title	Immediate Supervisor & Title		
Reason for leaving			
Dates Employed			

FROM	TO	Summarize the nature of the work performed and job responsibilities	
HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? YES NO LATER

COMMENTS (including explanation of any gaps in employment) _____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work at our company.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School			
College		Major: Degree:	
Other			

REFERENCES (Do NOT list Relatives/Family Members)

NAME	TELEPHONE	YEARS KNOWN

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Applicant Signature

Date



Employment Verification

APPLICANT NAME: _____ S.S. # _____

Company Name: _____

Phone Number: _____

Dates of Employment: _____ Dates Confirmed?: _____

Nature of Work: _____

Spoke With: _____

Would Rehire: _____ Not Company's Policy: _____

Comments: _____

Verified by: _____ **on** _____ **(date)**

Company Name: _____

Phone Number: _____

Dates of Employment: _____ Dates Confirmed?: _____

Nature of Work: _____

Spoke With: _____

Would Rehire: _____ Not Company's Policy: _____

Comments: _____

Verified by: _____ **on** _____ **(date)**

AUTHORIZATION TO OBTAIN INFORMATION

The undersigned hereby authorizes Help At Home, Inc. to obtain information from past employers pursuant to the Help At Home, Inc. application for employment.

Legal Signature of Applicant

Date



Date: _____

I, _____, Social Security # _____, am applying to Help At Home, Inc. for a position as _____. I worked for you from _____ to _____. I authorize you to furnish the information requested below.

For Management Use Only

Could you please verify the dates of employment for the above-listed applicant as from _____ to _____?

Please rate the applicant's job performance while in your employ.

Performance Area	Good	Satisfactory	Poor
Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes _____ No _____

Comments: _____

Signature Title Date

We appreciate your time and attention to this request.

*Sincerely,
Personnel Manager*

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Legal Signature of Applicant Date



Date: _____

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Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes _____ No _____

Comments: _____

Signature

Title

Date

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