



92 Thompson Road
Avon, CT 06001
Telephone: (860) 357-5333
Fax: (860) 629-0858

Check all that apply: ID Card Driver's License
 US Passport Want Live-out CNA (State _____)
 HHA Want Live-in Want Live-out
 Have a car No pets Years of Experience

Prospects will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity referral agency.

Personal Information

SOCIAL SECURITY NUMBER _____

Last Name _____ First _____ Maiden _____
Street Address _____
City, State, Zip _____
Cell Phone _____ Home: _____
Emergency Phone _____
Email Address _____
If less than 3 years in CT, previous address: _____

Have you ever worked for other agencies? Yes No

If so, with whom? _____
If Yes: Month and Year _____

Are you legally eligible for employment in the United States? Yes No

When will you be able to work? _____

Are you employed now? Yes No

May we inquire with your present employer? Yes No

Have you been convicted of a crime involving violence or dishonesty in a state court or federal court in any state? Yes No

If yes, describe in full. (at end of this application)

Please note that any prospective employee who makes a false written statement regarding such prior criminal convictions or disciplinary action shall be guilty of a Class A misdemeanor.

Are there any reasons for which you might not be able to perform the job duties?

Yes No If Yes, please explain (at end of this application)

Have you been the subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction? Yes No

What languages do you speak? _____

What experience do you have as a caregiver? _____

Transportation Information

Drivers License# _____ State: _____

Any violations? Yes No If Yes, what type of violations and when? (At end of application)

Car Year Make/Model _____ Plate: _____

Education

School Name _____

Course of Study _____

Did you graduate? Yes No Degree: _____

High School or Trade School _____

Do you hold any Connecticut licenses (such as RN, LPN, CNA, etc)?

Military

Complete this section if you served in the U.S. Armed Forces Branch of Service Describe your duties and any special training Period of Active Duty (Month & Year)

From To _____

Rank at Discharge Date of Final Discharge _____

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1. Company Name _____

Address _____ Telephone _____

From To _____

Name of Supervisor _____

Telephone _____

Hourly Rate End Last _____

Start Job Title and Describe Your Work Reason for Leaving

May we contact this employer? Yes No

2. Company Name _____

Address _____ Telephone _____

From To _____

Name of Supervisor _____

Telephone _____

Hourly/Daily Rate Start _____ Hourly/Daily Rate End Last _____

IN CASE OF EMERGENCY, PLEASE GIVE US 2 PHONE NUMBERS TO CALL:

References:

Give below the names of three persons not related to you, whom you have known at least one year. We will call your references. Name Phone Years Acquainted & how long

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

The information provided in this Application for Referral is true, correct and complete. If referred, any misstatements or omissions of fact on this application may result in my no longer being referred by this agency. I understand acceptance of a referral does not create employment with Acorn or Ruby Home Care, LLC. Acorn or Ruby Home Care, LLC's client has no obligation to continue using me in the future. If you decide to engage, an investigative consumer reporting agency to report on my credit, criminal and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow Acorn Home Care LLC or its assigns to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective client or current employer, Acorn or Ruby Home Care, LLC.

Signature: _____

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Acorn Home Care LLC or its clients, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Acorn Home Care LLC, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this _____ day of _____, 20_____.

Printed Name

Signature

Background Check: Authorization and Release of DMV Records

I understand that driving a client's vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Acorn Home Care LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive an Acorn Home Care LLC vehicle, or client's vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that Acorn Home Care LLC will use this information for employment purposes and will furnish this information to a third party that possibly could employ me. I agree to release Acorn Home Care LLC, its clients and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name _____ Driver's License Number _____ State _____

Signature _____ Date of Birth _____ Today's Date _____

Please complete and mail or fax a copy of this form to:

ACORN HOME CARE LLC

92 Thompson Road, Avon, CT 06001

(860) 357-5333 Phone

(860) 629-0858 Fax

IMPORTANT: We need a copy of your driver's license, social security card, picture ID, alien registration card, US passport, and any certification you may have.