

Legacy HomeCare, LLC

Application for Employment

Telephone: 423-631-0075, Fax: 423-631-0079,

112 E. Myrtle Ave, Suite 300, Johnson City, TN 37601

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

General Questions:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Telephone: _____ Cell: _____

SSN: _____

Driver's License No: _____ State: _____

How did you learn about us? _____

Do you speak any languages? _____ If yes, specify: _____

Are you willing to be available to work on-call or as a fill-in to start? _____

Please check times (shifts) you are available to work, and list preferences:

7-3 _____

3-11 _____

11-7 _____

Geographical area preferred: _____

Preferences for work:

- | | |
|--|--|
| <input type="checkbox"/> Client's Home | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hospital |

Is there anything preventing you from performing the tasks listed on job description for your position? Yes: _____ No: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical exam, and skill and agility tests.

Driving Record:

If driving is required of this position, do you have reliable transportation? _____

Name of Auto Insurance Carrier: _____

If all drivers' license/ vehicle registration/ insurance are confirmed, would you be interested in working with clients that may require transportation to doctor's appts., drugstores, etc.

Yes _____ No _____

Note: Need to check with your insurance company to add Legacy Home Care, LLC to the policy as an additional insured.

List any traffic accidents and/or violations you have been involved in within the last 2 years: _____

Legal Record:

Have you ever been convicted of a Felony/Misdemeanor? Yes: _____ No: _____

If yes, please list the nature of the crime, the date and place convicted and the disposition of the case: _____

Have you ever been named as a defendant in a liability case through any previous employment? Yes: _____ No: _____

Education Background:

High School Attended: _____ Diploma? Yes: _____ No: _____

City: _____ State: _____

College Attended: _____ Degree? Yes: _____ No: _____

City: _____ State: _____

Major course of study: _____ Type of degree received: _____

Graduate School Attended: _____ Degree? Yes: _____ No: _____

City: _____ State: _____

Major course of study: _____ Type of degree received: _____

Technical School Attended: _____ Degree? Yes: _____ No: _____

City: _____ State: _____

Major course of study: _____ Type of degree received: _____

Employment Record: (List most recent job first)

***Please explain any and all gaps in employment.

Hourly

Annually

Name of employer	Telephone #	Last/Current Salary
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Address	Position
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Duties

Employed: From / / to / /

Reason for leaving	Supervisor's Name
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May we contact supervisor? Yes No

If no, who may we contact? Name _____ Phone # _____

**Reason for gaps in employment: _____

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Personal Reference:

List 3 personal references. One needs to be someone who has known you for more than 5 years. Also, do not list any relatives or ex-husbands/wives, etc. Give 2 phone numbers if possible and best time to reach this person.

1)

Name	Telephone No.
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2)

Name	Telephone No.
------	---------------

3)

Name	Telephone No.
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Employer Reference:

1)

Name	Telephone No.
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2)

Name	Telephone No.
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3)

Name	Telephone No.
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Legacy HomeCare, LLC

Background Check Requirement and Employment Agreement

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the Fair Credit Reporting Act.

I, _____, do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

Please read and initial each paragraph and sign below.

Initial

_____ I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications. This authorization will also include investigation into reference, work record, education and any other matters related to my suitability for employment. That is, I will not file a lawsuit, claim or charge against any individual for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

_____ I understand and agree that any omission, false statement, misleading statement, or answers made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and/or my discharge after employment without recourse whenever and however discovered. I make this authorization in return for consideration of me for employment, and specifically release and hold Legacy Home Care, LLC (LHC) harmless of any and all liabilities arising out of their investigation of my application for employment.

_____ I understand that if employed, I will be working for Legacy Home Care, LLC on temporary assignments at client locations. I agree to obtain permission from Legacy Home Care, LLC before discussing permanent employment with a LHC client.

_____ I understand and acknowledge that upon my separation from Legacy Home Care, LLC, either by my choice or if I have been termination before my first 90 day work period, the charge for this background search will be withheld from my last paycheck. Tennessee acknowledges 'at will' employment and that either of us can terminate employment with or without notice. Legacy Home Care, LLC recognizes the first 90 days as a probationary period during which period allows both of us to determine continued employment.

_____ I have read and understand everything on this application. All of my statements are true.

Signature

Legacy HomeCare, LLC

Authorization to Release Information

(Print) Last Name First Name Middle Name

Current Address

Dates Lived Here:

Addresses for the Past **Seven** Years: (include street, city, state, zip code, dates of residence)

Date of Birth Other Names Used (including maiden name) & Year's Used

SSN: _____

Driver's License No./State: _____

Printed Name: _____

Applicant Signature Date