



220 S Pine Ave
 Inverness Florida, 34450
 352-419-6508 (Office)
 352-419-6510 (Fax)

APPLICATION

Date: _____

Name: _____
Last First Middle Maiden Other

Address: _____
Street City State zip

DOB _____ SS# _____ Phone _____ Cell _____

Name/Phone number of an Emergency/Alternate Contact _____

Position: _____ Full Time _____ Part Time _____ When Can You Start? _____

Salary Desired _____ Can you work nights _____, Travel _____, Weekends _____

EMAIL: _____

Have you ever been convicted of a crime? Yes/No If yes, explain number of conviction(s), nature of offence(s) and any type(s) of rehabilitation. _____

EDUCATION Name/Address Graduated? Major/Degree

High School _____

College _____

Other/Special Studies/Training _____

Summarize any special skills acquired from employment or other experience _____

Please list three personal references (one may be a relative)

Name	Phone	Address	Relationship

List three former employers, beginning with most recent

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone# _____
Job Title/Duties _____
Reason for leaving _____

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone# _____
Job Title/Duties _____
Reason for leaving _____

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone# _____
Job Title/Duties _____
Reason for leaving _____

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Families Come First, LLC permission to contact schools, previous employers (unless indicated), references and others and hereby release Families Come First, LLC from any liability as a result of such contact.

I understand that, with Families Come First, LLC I will be considered a "**Contract Worker**" and will not be entitled to workers compensation benefits. I will be responsible to pay my own federal and state income taxes on any money earned pursuant to the contractual relationship.

Families Come First, LLC is an equal employment opportunity employer. We adhere to policy of making contractual decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for contractual employment with this company depends solely on your qualifications.

Signature of Applicant

OFFICE USE ONLY

Interviewed by: _____ Remarks from references _____

Hire Date _____



AVAILABILITY FORM

Date: _____

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

HOLIDAYS

EASTER _____

MEMORIAL DAY _____

4TH OF JULY _____

THANKSGIVING _____

CHRISTMAS _____

NEW YEARS _____

This is an agreement between _____ and Families Come First LLC. By signing below I agree to the schedule that I have provided. In the event that I do not show up as scheduled I understand that I will be terminated with Families Come First, LLC.

Contract Worker

Families Come First, LLC



Families Come First

Our Families Helping Yours

Reference Request

Applicants Name: _____ S.S# _____ Date: _____

Former Client / Employer: _____ Telephone # _____

Address: _____ City: _____ State: _____ Zip: _____

Please help us keep quality up in Health Care by providing professional impression on the performance of the individual listed above. For your protection, we have included a segment of the legislative "Right to Know" Law that has been recently passed (October 1, 1999) that permits full disclosure of the performance of health care workers, for the sole purpose of protecting our elderly clients. We appreciate your assistance.

HB 2013 Employers of a certified nursing assistant who terminates or denies employment of a certified nursing assistant are exempt from disclosure of activity that would be reported to a Central Florida State CNA registry. Department of Children and Family Services or a on a criminal screening report from the Florida Department of Law Enforcement from civil liability for the termination or denial. This law provides that any complaint or record or record maintained by the Department of Health Pursuant of the discipline of a certified nursing assistant and any proceeding Held by the department to discipline a certified nursing assistant shall remain open and available to the public.

1. What type of service did the applicant listed above perform at your organization? _____
2. What were the dates of work? _____ Was the person Terminated? _____
3. Is / was the applicant listed above accountable and capable of carrying out duties as described in your Job Description?

Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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4. Does / did the applicant listed above have a reliable and punctual attendance record? Yes No
5. Does / did the applicant listed above ever report (or requested) limitations or injury Related to their work obligations? Yes No
6. Would you consider the applicant listed above qualified to care for the elderly? Yes No
7. Would you consider continuing engaging or employing with the individual listed Above again if given an opportunity? Yes No

Signature: _____ Title: _____

For future reference, the number to report improper professional conduct, incident of abuse, neglect or

Exploitation: **Abuse Registry Hotline: 1-800-96-ABUSE**

State "Consumer Service Complaint Registry" against and Health Care Practitioner: 1-888-419-3456

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

I hereby give full permission for my previous employers and references to provide information that would disclosed ,y period of service, work performance, strengths and weaknesses, or other history that would be essential for tthe protection, safety and good skills / work for the elderly.

Application's Signature and Date