EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION							
NAME (LAST NAME, FIRST)				Social Security No.			
PERMANENT ADDRESS	CITY			STATE		ZIP CODE	
CELL/HOME PHONE#	EMAIL						
POCITION		DATEVOLLOA	NOTART	DDIVEDO I	T		
POSITION		DATE YOU CA	NSIARI	DRIVERS LICENSE # STAT		E# STATE ISSUED	
ARE YOU EMPLOYED?		IF SO, MAY WE	E INQUIRE OF YO	OUR PRESENT EM	IPLOYE	ER?	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	WHEN?		
EDUCATION HISTORY							
NAME & LOCATION OF SCHOOL			YEARS	DID YOU SUBJECTS STUDIED			
			ATTENDED	GRADUATE?		3000LC13 310DILD	
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
0011131							
TRADE, BUSINESS OR SCHOOL							
TRADE, BUSINESS OR SCHOOL							
GENERAL INFORMATION							
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAIN	NING/SKI	LLS					
		Γ_					
U.S. MILITARY OR NAVAL SERVICE Yes No		RANK					

FORMER EMPLOYER	(S (LIST BELOW LAST	I FOUR EMPLOYERS, STA	KIING WITH LAST	ONE FIRST)		
DATE MONTH & YEAR	NAME AND PHONE NUMBER OF EMPLOYER		SALARY	POSITION	REASON FOR LEAVING	
FROM						
ТО						
FROM						
ТО						
REFERENCES L	LIST NAMES BELOW OF 1	THREE PERSONS NOT RELAT	ED TO YOU, WHOM Y	OU HAVE KNOWN AT LE	EAST ONE YEAR	
NAME	NAME		ADD	RESS	BUSINESS	YEARS KNOWN
Have you lived in NC less	than 5 years? ☐ Ye	s □ No If Yes please e	xplain			
Have you ever been convi	icted of a felony or a	criminal offense? ☐ Yes	□ No If Yes ple	ase explain		
			·····			
	AUTHOR	IZATION PLEASE	READ BEFOR	E SIGNING		
certify that all answe	ers and statemen	its made hy me on t	his annlication	are true and cor	nnlete to the hest o	of my
knowledge and that	I have withheld	nothing which, if	disclosed, migh	nt affect this ap	plication unfavoral	oly. I
understand that any application will consti					tion submitted on	this
•	•		·	•		
l authorize investigati you any and all infori						
personal or otherwise						
such information.						
l also understand that	t employment is b	ased on the ability to	pass a pre-em	ployment drug s	creening and that fa	ailure
of drug screening ma	y cause action of	dismissal			-	
understand OTHER	pre-employment	eligibility guidelines	may have to b	e accomplished	as well.	
	-		-	-		
SIGNATURE				DATE		

GOOD LIFE HOME HEALTH CARE LLC BACKGROUND CHECK AUTHORIZATION FORM

Last Name	First	MI		
Maiden Name(s) or Aliases use in the	past five years			
Social Security Number	Date of Birth	DL # and State of Issuan		<u>—</u>
Information is used solely for ensuring combirth as the two primary identifiers of an incemployers from discriminating on the basis	dividual's record. The age discrimina	tion employme	nt act of 1967 prohibi	
Have you ever been convicted of a misden	neanor or felony?	□YES	□NO	
Are you awaiting prosecution of a misdeme	eanor or felony?	□YES	□NO	
Have you pleaded not contender (no conte	est) to a misdemeanor or felony?	□YES	□NO	
If yes, please give details including charge	(s), city, county and state where acti	on occurred an	d the year	
PLEASE READ THE FOLLOING CAI	REFULLY BEFORE SIGNING T	HIS AUTHOR	RIZATION FORM	
I understand that as part of you proce background may be made which may my character, general reputation, personature and scope of the investigate authorization form. All representations true and correct, and I have not known information may make me ineligible for not an automatic bar for employment. the agency is employment at the will of time at the discretion of the employee	edure for processing my application include information obtained through characteristics or mode of living time, for complete disclosure of a fion. I authorize investigation of by me in this data sheet are to engly omitted any related information employment. I also understand in the absence of a written control each party. The employment responses	on, an investing. I have the additional info all statement the best of my tion of an advertion of an advertion of employing act of employing	gation report about all interviews, regard right to make a wremation concerning ents contained in a knowledge and berse nature. Inaccula criminal convictionent, employment	rding ritter g the this belie urate on is with
SIGNATURE		DATE		
AGENCY SIGNATURE		DATE		