

LONGTERM CARE OPTIONS APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all five pages of this application. Failure to submit a complete application may result in its rejection. Your application will remain active in our database 90 days.

Date	Phone #	Alternate Phone #	Social Security Number (optional) - -
------	---------	-------------------	--

Position Applied For:	(circle one) Full time Part time PRN Temporary
-----------------------	--

Your name as it appears on your Social Security Card

Last	First	Middle
------	-------	--------

Your current address

Street	City	State	Zip	How Long?
--------	------	-------	-----	-----------

Previous address (required if you have been at your present address for less than 7 years)

Street	City	State	Zip	How Long?
--------	------	-------	-----	-----------

Driver's License Number	State	Class of License
-------------------------	-------	------------------

(FOR DRIVING JOBS ONLY – You must be 21 years of age to be considered for a driving position)

Professional Licenses / Certificates (Required for all CNA, LPN, RN, GNP & Pharmacist applicants)

Type	License #	State	Expiration Date
Type	License #	State	Expiration Date

Have you served in the U. S. military? No Yes Branch _____ Dates _____

Duties _____

Education

Name/City/State of School	# of Years	Did you Graduate?	Degree
High School / GED (circle one)			
Vocational / Tech			
College / University			

List any special skills or qualifications you possess that would benefit this position.

EMPLOYMENT HISTORY: This section must be complete for your application to be considered. *The correct telephone numbers of past employers and references are critical.*

Most recent employer

Company Name/City & State	Start/End Dates	Position held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer.	Position	Phone #	

2nd most recent employer

Company Name/City & State	Start/End Dates	Position Held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer.	Position	Phone #	

3rd most recent employer

Company Name/City & State	Start/End Dates	Position Held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer.	Position	Phone #	

Please list dates and details regarding any periods of unemployment

Professional References: List two references. (Do *not* include relatives)

Name	Address	Phone

LONGTERM CARE OPTIONS EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate based on race, color, religion, national origin, sex, age, disability, sexual orientation, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that the selection decisions be based on job-related factors.



Longterm Care Options, LLC

MISSION STATEMENT

Why We Exist

To enable frail individuals to live with dignity in their communities

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Longterm Care Options and/or affiliates, officers, employees, agents, or representatives to conduct a thorough investigation of my background, and, in furtherance of this investigation to contact all previous employers, educational institutions and persons named in my application for employment, as well as government agencies, law enforcement agencies, licensing boards, and any other persons who may have information concerning my background, employment, character, and qualifications.

I release Longterm Care Options, its affiliates, officers, employees, agents and representatives, and all persons (whether corporate or natural) contacted in connection with this investigation, from any and all liability for damages of whatever kind, which may at any time result to me, because of any requests for or the provision of any information in connection with the investigation.

I understand that all of the information provided below is true, correct, complete, and without omissions of any kind. I understand and agree that if at any time it is discovered that any information that I provided below, or in my application for employment, is false, misleading, or incomplete, Longterm Care Options may, in its sole discretion and without liability to Longterm Care Options, immediately terminate my employment.

Name: _____ Date of Birth: _____
Last First M.I.

Previous Maiden/Nick Names: _____

Social Security Number: _____

Current Address: _____
City State Zip

List COUNTIES and STATES outside of CO where you have worked and/or resided in the past seven (7) years:

Applicant's Signature: _____ Date: _____

HUMAN RESOURCE USE ONLY

Please Check Services to be Performed:

Criminal History Social Security Verification

Driving History Residence Address Verification

Reference Check Previous Employment Verification

Education Verification

Applicant Profile / Employment Screen Office: (303) 692-8050 Fax: (303) 692-8511

CLIENT INFORMATION

Company: _____

Client #: _____

Individual Requesting Search: _____

Phone: _____ Fax: _____

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____
 SSN: _____ D.L. #: _____ State: _____
 Birth date: _____ Sex: _____ Race: _____ Phone: _____
 Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____
 Previous names (maiden / marriage etc.): _____ Date Changed: _____
 (Attach additional sheet, if necessary.) _____ Date Changed: _____
 Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)
 1. _____ County: _____ Dates: _____
 2. _____ County: _____ Dates: _____
 How long has applicant lived in state? _____
 Have you ever been convicted of a crime, excluding minor traffic violations? ____ Yes ____ No.
 If yes, please list all crimes, including but not limited to, Felonies and Misdemeanors:

I authorize TruDiligence to prepare a consumer report on myself for the purpose of employment screening.

Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information TruDiligence may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

Signature: _____ Date: _____

OFFICE USE ONLY

- Please indicate the services to be performed on this applicant.
- Social Security Number Trace Employment Verification Drivers History
 - Statewide Arrest Record** Education Verification Credit Report
 - County Level Court Record Reference Check OIG/GSA Exclusion
 - Sex Offender Registry Professional License Verification
 - Workers' Comp. Claims **

** Indicates a separate release form may be required. Call your account representative for details