

Employment Job Application

PERSONAL INFORMATION

Full name: _____
first middle last

Address: _____
street address apt/suite

city state zip code

E-mail: _____ **phone:** _____

Social security number (SSN): ____ - ____ - ____

Date available: _____ **desired pay:** \$ _____ hour salary.

Position applied for: _____

Employment desired: Full-time Part-time Seasonal Temporary

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the U.S? yes no*

Have you ever worked for this employer? yes* no

***If yes, write the start and end dates:** _____

Have you ever been convicted of a felony? yes* no

***If yes, please explain:** _____

EDUCATION

High school: _____ city / state: _____

From: _____ **to:** _____

Graduate? yes no diploma: _____

College/University: _____ city / state: _____

From: _____ **to:** _____

Graduate? yes no degree: _____

Other: _____ city / state: _____

From: _____ to: _____

Degree/certification: _____

Other: _____ city / state: _____

From: _____ to: _____

Degree/certification: _____

PREVIOUS EMPLOYMENT

Employer 1: _____
company / individual.

E-mail: _____ phone: _____

Address: _____ apt/suite
street address

_____ city state zip code

Starting pay: \$ _____ hour salary ending pay: \$ _____ hour salary

Job title: _____ responsibilities: _____

From: _____ to: _____

Reason for leaving: _____

Employer 2: _____
company / individual.

E-mail: _____ phone: _____

Address: _____ apt/suite
street address

_____ city state zip code

Starting pay: \$ _____ hour salary ending pay: \$ _____ hour salary

Job title: _____ responsibilities: _____

From: _____ to: _____

Reason for leaving: _____

Employer 3: _____
company / individual.



E-mail: _____ phone: _____

Address: _____
street address apt/suite

city _____ state _____ zip code _____

Starting pay: \$ _____ hour salary ending pay: \$ _____ hour salary

Job title: _____ responsibilities: _____

From: _____ to: _____

Reason for leaving: _____

REFERENCES
(professional only)

Full name: _____ relationship: _____
first last

Company: _____ title: _____

E-mail: _____ phone: _____

Full name: _____ relationship: _____
first last

Company: _____ title: _____

E-mail: _____ phone: _____

Full name: _____ relationship: _____
first last

Company: _____ title: _____

E-mail: _____ phone: _____

MILITARY SERVICE

Are you a veteran? yes no

Branch: _____ rank at discharge: _____

From: _____ to: _____

Type of discharge: _____

If not honorable, please explain: _____



Employee’s Certification and Authorization to Release Information

I certify that all statements set forth in my application are complete and correct. I understand that if I become an independent contractor, any false statements on this application shall be considered sufficient cause for termination of contract.

I authorize Live Star Home Care LLC to make any inquiry deemed necessary, including former employment, personal history, etc. I understand that the results may deem me ineligible for the Host Home Provider Program.

Live Star Home Care LLC may release or verify but not limited to the following items (any information requested):

Employee/Contractor, please initial all verifiable items:

Past Employers: _____ Duties & Responsibilities: _____ Salary History: _____
Reasons for Leaving: _____
Dates of Employment _____ Eligibility for rehire: _____
Positions Held: _____ CO Bureau of Investigation Check: _____
Years of Education: _____ Dept of Motor: _____
Degree Obtained: _____ Vehicle Check: _____
Attitude: _____ Attendance: _____

The Bottom Section Must be Filled by Past Employer (Only):

Please rate the applicant based on his/her employment with you. Good/Fair/Poor.

Attitude: _____ Attendance: _____ Patient Care: _____

Ability: _____ Efficiency: _____

Would you re-hire? Yes _____, No _____

Employee’s Name: _____

Signature _____ Date: _____



Emergency Contact Information

Employee Name _____

Current Address: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Relationship: _____

Address: _____

*In case of emergency, please contact:

Name: _____ Phone: _____

Relationship: _____

Address: _____

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize Live Star Home Care LLC, to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford a reasonable opportunity to act on it.

Name of bank account _____

Bank account number: _____ Bank routing number: _____

Checking _____ Savings: _____

Important: Please attach a voided check for the bank account to which funds should be deposited.

Employee/Contractor Full Name: _____

Employee/Contractor Signature: _____ Date: _____



REQUIRED HIPAA CONFIDENTIALITY AGREEMENT

EMPLOYEE CONFIDENTIALITY AGREEMENT of SERVICE RECIPIENT HEALTH INFORMATION AND PERSONAL INFORMATION in accordance with HIPAA REGULATIONS

For good consideration and as an inducement for **Live Star Home Care LLC** to employ

_____ (employee), the undersigned Employee hereby agrees not to directly or indirectly use, manipulate or copy compete any service recipient health information (PHI), to include personal health information or personal contact information (address, phone, email address, etc.) with the business of the Agency and its successors and assigns during the period of employment. Misuse of PHI or personal contact information will result in termination and report with action to HIPAA federal agencies. Fines related to civil and criminal offences for gross misconduct with the above information are the direct responsibility of said employee.

The Employee acknowledges that the Agency shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party or for their own personal or monetary gain.

The Employee agrees to not copy and to return all such Agency supplied Information immediately upon termination of employment. Further employee agrees not to solicit any of the customers or employees of employer for any purpose for a period of two years after termination.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Employee Name: _____

Signature: _____ Date: _____

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

It is both the Agency's and the employee's responsibility to ensure that every service recipient's health information is protected at all times. By signing below, you are indicating the acknowledgement of HIPAA and understand that a thorough orientation of the agency's policy regarding service recipient's Protected Health Information will be provided to you upon hire.

I further understand that there are specific guidelines associated for use and disclosure of Protected Health Information that needs to be kept private. The agency has sanctions and fines for all individuals failing to comply with HIPAA Rule and Regulations.

I understand that my employment with the agency involves handling Protected Health Information, and I will ensure service recipient's records are protected by enforcing the following measures:

- Service recipient Protected Health Information will be transported in a protected travel chart when traveling.



- When transmitting and receiving a fax involving Protected Health Information, I will ensure that it is conducted in a private area.
- Service recipient Protected Health Information will be returned to the agency upon acknowledgement of the service recipient being discharged.

I pledge to make every effort to keep service recipient's Protected Health Information protected at all times.

Employee/ Independent Contractor Name _____

Signature: _____ Date: _____

**PERSONAL PROTECTIVE EQUIPMENT FOR SAFETY AND INFECTION CONTROL
ACKNOWLEDGMENT**

I understand a Personal Protective Equipment (PPE Kit) is available in the office and contains the following:

- Gloves
- TB Mask (N95 or similar purchased from Uline.com), as needed.

I have been instructed in the use of this equipment and understand that I must comply with Policies and Procedures regarding use of personal protective equipment.

Signature/Title: _____ Date: _____

CONFIDENTIALITY AND NON-COMPETITION AGREEMENT

The Agency requires that the Employee avoid disclosure of confidential information to anyone outside of the Agency and refrain from engaging in unfair competition.

The Employee agrees to refrain from prohibited competition with the Agency and to maintain the confidentiality of information regarding employees, service recipients and the Agency business.

The Employee will have access to information not generally made available to the public, such as identity of service recipients, pricing, computer-related programs, etc. The Agency prohibits the utilization of this information for any purposes other than for the Agency's own benefit and prohibits disclosure or unauthorized use during the course of employment or at any time thereafter of any confidential information pertaining to Agency administration



and/or projects, or outside investigations of the Agency. The employee is prohibited from disclosing any defaming information regarding Agency personnel and/or personnel incidents related to any violations of the personnel policies.

During the course of employment and for a twelve month period thereafter the Employee is prohibited from engaging in any of the following: induce any employee of the Agency to resign, encourage any service recipient or entity to discontinue any relationship with the Agency, solicit any service recipient of the Agency (current and within the past twelve month period), enter into competitive employment or seek to provide competitive services while employed within twenty-five miles of any office of the Agency, or solicit referrals or opportunities from any referral source.

Upon termination of employment or at the request of the Agency, the Employee is required to return all of the Agency's property including keys, ID badge, service recipient records, forms, manual, beeper, etc. to the Agency and will not retain copies.

Violation of this agreement will result in termination and any additional remedy available to the Agency including legal action to remedy all damages including loss of profits, cost of replacing and training employees improperly solicited for competitive employment, etc. suffered by the Agency. Employee will be required to reimburse the Agency for all legal fees, costs and other expenses.

This agreement is in effect during the Employee's employment and for twelve months thereafter. It does not modify the right of the Employee to resign at any time or of the Agency to terminate employment without prior cause, notice or liability and does not modify any other Agency policy.

Employee / Independent Contractor Name: _____

Signature: _____ Date: _____

BACKGROUND CHECK CONSENT

If asked, are you willing to consent to a background check? yes no

DISCLAIMER

Applicant understands that this is an equal opportunity employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section even if you decide to attach a resume.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature _____ date _____

Print Name

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, **Live Star Home Care LLC** will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, **Direct Screening**, will prepare the background report for the Company. The Background Check Company is located at 2015 **South Broadway #147, Salem, NH 03079** and can be reached by email at support@directscreening.com

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors.

(An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization.



You may request more information about the nature and scope of an investigative consumer report, if any, by emailing the Company at support@directscreening.com. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on [A Summary of Your Rights Under the Fair Credit Reporting Act](#) and [A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents](#).

STATE LAW NOTICES

If our live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that the Background Check Company has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Background Check Company can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Background Check Company. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Background Check Company for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Background Check Company. You may inspect and order a free copy of the report by contacting the Background Check Company.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Background Check Company, and you will be provided with the name and address of the Background Check Company. You may inspect and order a free copy of the reports by contacting the Background Check Company. By signing below, you certify you have received a copy of [Article 23A of the New York Correction Law](#) is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Background Check Company for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name _____ Middle Name _____ Last Name _____

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within the Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/ZIP _____

Prior Street Address: _____

City/State/ZIP _____



Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____

Prior Street Address _____

From: ____ / ____ / ____ (MM/DD/YYYY) to: ____ / ____ / ____ (MM/DD/YYYY)

City/State/Zip _____



AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed bylaw.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all the personal information I provided is true and correct.

Last _____ Name: First _____ Middle: _____

Maiden/Other Name: _____ Years Used: _____

Signature: _____ Date: _____