



Families Come First, LLC
Our Family Helping Yours

220 S Pine Ave
Inverness, FL 34452

Office: 352-419-6508
Fax: 352-419-6510

Email: info@fcfseniorcare.com

Application

Date: _____

Name: _____

Last First Middle Maiden Other

Address: _____

Street City State Zip

DOB _____ **SS#** _____ **Phone** _____ **Cell** _____

Name/Phone # of an Emergency/Alternative 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, please explain number of convictions, nature of offences and any type 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
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Name	Phone	Address	Relationship
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Name	Phone	Address	Relationship
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List three former employers, beginning with most recent:

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone No. _____
Job Title/Duties _____
Reason for Leaving _____

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone No. _____
Job Title/Duties _____
Reason for Leaving _____

Name of Employer _____ Supervisor _____ From _____ To _____
Address/Phone No. _____
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 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 _____



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AVAILABILITY FORM

Date: _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

NOTE: Contract workers must work one weekend per month OR 2 Saturdays or 2 Sundays per month which would equal a weekend.

HOLIDAYS

Easter _____

Memorial Day _____

4th of July _____

Labor Day _____

Thanksgiving _____

Christmas _____

New Years Eve _____

New Years Day _____

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



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Employment Reference Request (Release of Information form)

Applicant's Name _____ **SS#** _____ **Date** _____

Former Client/Employer (this line for office use only) _____ **Tele #** _____

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 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 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 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**
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 request) limitations or injury related to their work obligation?
 Yes **No**
6. Would you consider the applicant listed above qualified to care for the elderly? **Yes** **No**
7. Would you consider continuing engaging with or employing 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 a Health Care Practitioner: 1-888-419-3456

I authorize investigation of all statements contained herein and the references list 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 disclose my period of service, work performance, strengths and weaknesses, or other history that would be essential for the protection, safety and good skills for work with the elderly.

Applicant's Signature _____ **Date** _____



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Office Holiday Schedule

The office will be closed on the following holidays; however the 24 hour on-call staff member will be available to handle any client/staff emergencies.

New Year's Day

Martin Luther King Jr. Day

Good Friday

Easter

Independence Day

Labor Day

Veteran's Day

Thanksgiving

Christmas

You may work the holiday if you so choose or need to make up hours. If you work the holiday please remember you are paid straight time as a contract worker. If you don't make up the hours you **MUST** turn in a *missed visit form* with your paperwork. You **MUST** also notify the client, as well as the office. If you are at a 24 hour case you **MUST** work unless you have previously requested time off.

I have read and understand the above statements

Signature_____Date_____