



TLC Skilled Care, Inc.
The help you deserve.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

BECOMING A TLC ANGEL ASSOCIATE

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT. In reading and answering the following questions. Be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Full time/Part time _____ Today's Date _____

Last Name	First Name	Middle Initial	Telephone Number
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Present Street Address _____	City _____	State _____	Zip Code _____
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Are you 18 year of age or older? Yes No (If you are hired you may be required to submit proof of age.)

Social Security # _____ - _____ - _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details: _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ State of License: _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.) _____

	# of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
LIST NAME AND ADDRESS OF SCHOOLS			
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____
What skills or additional training do you have that are related to the job for which you are applying? _____			

Initials _____

Corporate Office: 15655 75th Way North, Palm Beach Gardens, FL 33418 TELE: 561.674.3777 FAX: 561.7458459 email : tlcskilledcare@gmail.com

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name? Yes No
 If yes, give names : _____

Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain : _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

initials _____

TLC

TELEPHONE REFERENCE CHECK FORM - # 1

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of first Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (____) _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to TLC Skilled Care, Inc.

Applicant Signature _____

Date / /

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: _____ / _____ / _____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

Initial _____

TLC

TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (____) _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to TLC Skilled Care, Inc.

Applicant Signature _____

Date ____/____/____

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

Initial _____

TLC

TELEPHONE REFERENCE CHECK FORM - #3

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to TLC Skilled Care, Inc

Applicant Signature _____ Date / /

*****FOR OFFICE USE ONLY

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: _____ / _____ / _____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

Initial _____

EMPLOYEE AVAILABILITY

TLC Skilled Care, Inc.

Please provide the following information on your availability to work for _____

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at TLC No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? No. Yes

How many hours are you willing to work per week? _____

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, says:

I am an applicant for employment as a direct service provider or other individual screened pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes, or I am currently employed as a direct service provider with:

TLC Skilled Care, Inc.

By signing this form, I swear and affirm that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of the adjudication, any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I attest that I have not been arrested for any of the following offenses and am currently awaiting disposition. I also attest that I have not been adjudicated delinquent for any of the following offenses, regardless of whether the records have been sealed or expunged.

I understand that I must acknowledge the existence of any criminal records relating to the following list of offenses. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes. I further understand that the list stated below is subject to change and may include offenses that were not previously included.

NOTE: *The following list of offenses has been updated August 1, 2010, and includes offenses specifically applicable to direct service providers under Chapter 393, Florida Statutes.*

Offenses Relating to:

- Sections: 393.0674 Felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment
- 393.135 Sexual misconduct with certain developmentally disabled clients or threats and/or coercion relating to reports or testimony of sexual misconduct
- 394.4593 Sexual misconduct with certain mental Health patients
- 409.920 Medicaid provider fraud
- 409.9201 Medicaid fraud
- 415.111 The filing or disclosure of information from reports of adult abuse, neglect, or exploitation of aged persons or disabled adults
- 741.30 Criminal acts that constitute domestic violence as defined in section 741.28, Florida Statutes
- 782.04 Murder
- 782.07 Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- 782.071 Vehicular homicide
- 782.09 Killing of an unborn child by injury to the mother
- Chapter: 784 Assault, battery, and culpable negligence, if the offense was a felony.
- Sections: 784.011 Assault, if the victim of offense was a minor
- 784.03 Battery, if the victim of offense was a minor
- 787.01 Kidnapping
- 787.02 False imprisonment
- 787.025 Luring or enticing a child for an unlawful purpose
- 787.04(2) Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings

	787.04(3)	Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
	790.115(1)	Exhibiting firearms or weapons within 1,000 feet of a school
	790.115(2)(b)	Possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	Sexual battery
	794.041	Former offenses for prohibited acts of persons in familial or custodial authority
	794.05	Unlawful sexual activity with certain minors
Chapter:	796	Prostitution
Section:	798.02	Lewd and lascivious behavior
Chapter:	800	Lewdness and indecent exposure
Section:	806.01	Arson
Sections:	810.02	Burglary
	810.14	Voyeurism, if the offense is a felony
	810.145	Video voyeurism, if the offense is a felony
Chapter:	812	Felony offenses for theft and/or robbery and related crimes
Sections:	817.034	Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
	817.234	False and fraudulent insurance claims
	817.505	Patient brokering
	817.563	Felony offenses for the fraudulent sale of controlled substances
	817.568	Criminal use of personal identification information
	817.60	Obtaining a credit card through fraudulent means
	817.61	Felony offenses for the fraudulent use of credit cards
	825.102	Abuse, aggravated abuse, or neglect of an elderly person or disabled adult
	825.1025	Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	Felony offenses for the exploitation of an elderly person or disabled adult
	826.04	Incest
	827.03	Child abuse, aggravated child abuse, or neglect of a child
	827.04	Contributing to the delinquency or dependency of a child
	827.05	Negligent treatment of children
	827.071	Sexual performance by a child
	831.01	Forgery
	831.02	Uttering forged instruments
	831.07	Forging bank bills, checks, drafts, or promissory notes
	831.09	Uttering forged bank bills, checks, drafts, or promissory notes
	843.01	Resisting arrest with violence
	843.025	Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
	843.12	Aiding in an escape
	843.13	Aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	Obscene literature
Section:	874.05(1)	Encouraging or recruiting another to join a criminal gang
Chapter:	893	Drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.1075	Sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct
	944.35(3)	Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.40	Escape
	944.46	Harboring, concealing, or aiding an escaped prisoner
	944.47	Introduction of contraband into a state correctional facility

- 985.701 Sexual misconduct in juvenile justice programs
- 985.711 Contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position. This means that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication, any of the offenses listed above or any similar statute of another jurisdiction. I attest that I have not been arrested for any of the above offenses and I am not currently awaiting disposition of any of the above offenses. I also attest that I have not been adjudicated delinquent for any of the above offenses, regardless of whether those records have been sealed or expunged.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

I swear or affirm that I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be providing services that are within the scope of my licensed practice, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by
