

## EMPLOYMENT APPLICATION

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Name:
Address:		
Telephone:	Social Security No:	
Are you 18 Years or older: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Upon hiring, can you supply the required documentation to verify your eligibility to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.....		
Position applied for:		
Date Available for work:	Desired Salary:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part time		If Part time, indicate days available: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mon Tue Wed Thu Fri Sat Sun
Are you currently employes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by ARJRAY'S LLC: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, give date: FROM ...../...../..... TO ...../...../..... & Location:		
Referred By:		

EDUCATION				
High School				
College				
Trade/ Business/ Correspondence Schools				

Provide your employment history starting with the most recent.

EMPLOYMENT HISTORY			
Employer	Telephone	Date Employed	Type of Work
Address:			
Job Title:	Hourly rate starting:		
Immediate supervisor and Title	Hourly rate final:		
Reason (s) for Leaving:			
May we contact for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Later	
<b>2</b>			
Employer	Telephone	Date Employed	Type of Work
Address:			
Job Title:	Hourly rate starting:		
Immediate supervisor and Title	Hourly rate final:		
Reason (s) for Leaving:			
May we contact for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Later	
<b>3</b>			
Employer	Telephone	Date Employed	Type of Work
Address:			
Job Title:	Hourly rate starting:		
Immediate supervisor and Title	Hourly rate final:		
Reason (s) for Leaving:			
May we contact for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Later	

PROFESSIONAL LICENSES, REGULATIONS AND/OR CERTIFICATIONS			
TYPE	DATE ISSUED	EXPIRATION DATE	LICENSE NUMBER

REFERENCES			
NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time

I give GOLDEN HEARTS LLC, the right to contact and obtain information from all references, employers, and educational institutions and otherwise verify the accuracy of the information contained in this application. I hereby release from liability, GOLDEN HEARTS and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

GOLDEN HEARTS LLC does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal laws.

If I am hired, I understand that I am free to resign any anytime, with or without cause and the employer reserves the same right to terminate my employment at anytime with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that it is GOLDEN HEARTS LLC's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and Section 504 OF the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my employment, I agree to conform to GOLDEN HEARTS LLC rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time by GOLDEN HEARTS LLC.

I have read and fully understand the foregoing and seek employment under these conditions

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Applicant signature

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Date

**RELEASE OF INFORMATION AUTHORIZATION**

I Empower, GOLDEN HEARTS LLC, and its agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, worker's compensations agencies or individual, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. That receipt may include but not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application from and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statement and/or answers are found false or that information has been omitted, such false statement and or omissions will be just cause for the termination of my employment

I am in agreement that a photocopy of this authorization can be accepted with the same authority as the original, and that this release expires one year after the date of origination.

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Name

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Address

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Social security number

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Signature

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Date

**CONFIDENTIALITY OF INFORMATION AGREEMENT**

I agree to the following terms as an employee of GOLDEN HEARTS LLC

I understand that during my employment at GOLDEN HEARTS LLC, I will have access to confidential patient/family, agency and personnel information. I understand that all patient/family information is to be held confidential, and will only be unused to the purpose of fulfilling my job responsibilities, I will not communicate information about my assigned clients from one client to another, or to anyone not involved in their care, including my family members, personnel other than the professional and for personnel who require such information to treat the client, other organization, the news media, or the general public. I further agree not to communicate in a negative about GOLDEN HEARTS LLC, or its employees to patients/families, new media or other organizations. Any communications about a client must have prior Witten consent of the client or the client's legal guardian. I understand that breach of this agreement will result in termination and possible civil actions.

I further agree to abide by GOLDEN HEARTS LLC Health Insurance Portability and Accountability Act Policies

Name

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Address

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Social security number

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Signature

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Date