



Reliable Caring Companions Employment Application

Caregiver/ Direct Care Staff

We are excited for your interest in working with our company, You may type directly onto the application or , you may print the application and complete it. Submit Application to reliablecaringcompanions@gmail.com

Applicant Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Last 4 of Social _____

Position Applied for: Direct Care Staff

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you currently working for another APD Provider? If yes :
 Position _____
 Hours _____
 N/A _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Written Response

Our company provides reliable and caring support for persons with Developmental Disabilities. Our company's goal is to assist our clients in living, learning, and working as a part of their communities as companions. Using two sentences, briefly describe how you will help RCC achieve this goal.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Known Allergies: NA



Reliable Caring Companions
Direct Care Staff Availability Form

Name _____

Date: _____

Desired Hours per week (between 5-40 hours) _____/40

Please consider a **24-hour workday** in providing your availability. Check the day and Write in a time frame from which you are available on that day. You may have varied availability throughout the day and week.

Please provide No less than 5 Hours of availability and No more than 40 hours of availability.

Use one line if times and days are consistent . use Multiple Lines if there is a variation in times

Available Time	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
9-5							

Example

We appreciate your interest in working with our company. We look forward to speaking with you. In the meantime, feel free to contact us with any questions you may have

Reliable Caring Companions LLC

Owner /Operator

Patrick A. Weeks
reliablecaringcompanions@gmail.com
 (352)727-9119

Administrative Staff

Katrina Weeks
Reliablecaringcompanions@gmail.com
 (352) 682-3301



Reliable Caring Companions LLC

CONSENT TO LOCAL BACKGROUND CHECK

I _____ **CONSENT TO HAVE RELIABLE CARING COMPANIONS LLC CONDUCT A LOCAL BACKGROUND CHECK THROUGH THE GAINESVILLE POLICE DEPARTMENT WEBSITE. THE RESULTS WILL BE USED TO MAKE A DETERMINATION ON WHETHER I AM ELIGIBLE TO BE HIRED.**

Please provide the following information for the agency to conduct the background check.

Subject's Last Name: _____

Subject's First Name: _____

Subject's Middle Name: _____

Subject's Alias(es): _____

Subject's Date of Birth: _____

Subject's Race: _____

Subject's Sex: _____

Subject's Social Security Number: _____

Subject's Driver's License Number (if known):

Requested By: **RELIABLE CARING COMPANIONS LLC**

Requestor's Street Address: **4000 SW 47th ST LOT JO4**

Requestor's City Address: **Gainesville**

Requestor's State: **FL**

Requestor's Zip Code: **32608**

Requestor's Phone Number: **(352)682-3301**

Requestor's Email Address: reliablecaringcompanions@gmail.com

PAYCHEX

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer/company.

EMPLOYER/COMPANY: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings | Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to change my deposit amount to (check one): From ____ % to ____ % of Net From \$ _____ .00 To \$ _____ .00

Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ **Date:** _____

* All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date