

EMPLOYEE INFORMATION FORM

Today's Date/Hire Date:

Last Name

First:

Middle Initial:

Address:

Street Name / Direction

City

State

Zip Code

Email Address: _____

Are you State Registered under CDSS? Yes: _____ No: _____

If so, Registration# _____

Are you vaccinated? Yes ☐ No ☐

Do you have a vaccination, Card? Yes ☐ No ☐

Your best contact # _____

Social Security# _____

Driver's License# _____ Exp. Date: _____

Birthdate [MM/DD/YYYY]: _____

Married: ☐

Single: ☐

#of dependents: _____

of years / months as Caregiver: ____ yrs. ____ mo.

CRIMINAL BACKGROUND SCREENING QUESTION

As part of our prescreening process, we are required to ask the following:

Is there anything that would prevent you from passing a criminal background check? ☐Yes ☐No

If YES, please explain in detail below --- Include:

- Type of incident or charge
- Outcome (e.g., dismissed, conviction, probation, etc.)
- Probable date(s) of the incident(s)

If you are unable to fully describe the situation here, you may send additional details to: Apply.Brittany@CaregiversThatDeliver.com
