



GOLDEN DAYS HOMECARE, LLC

APPLICATION FOR EMPLOYMENT

Position Applying for: RN LPN HHA CNA CMT OFFICE STAFF
 Type of Employment: FULL-TIME PART-TIME TEMPORARY ON-CALL
 Time of Availability: MORNINGS NIGHTS WEEKENDS
 Hours of Availability: _____

Basic Information

Name (*Last, First Middle Initial*): _____
 Date of Birth: _____ Social Security Number: _____ - _____ - _____
 Address: _____
 City/State: _____ Zip Code: _____
 Home Telephone: _____ Mobile: _____ Other: _____
 E-mail: _____
 Desired Start Date of Employment: _____ Are you willing to travel? Yes No
 Are you authorized to work in the United States on an unrestricted basis? Yes No
 Do you possess a security clearance? Yes No Do you drive? Yes No

Personal Information

Gender: Male Female Marital Status: Single Married

In Case of an Emergency, Please Notify:

Name: _____ Relationship: _____
 Home Telephone: _____ Alternative: _____

Educational History

Type of Degree Earned: High School Diploma G.E.D. College Grad. School
 Additional Training: _____ Diploma/Degree? Yes No
 Nursing School (*if applicable*): _____
 City/State: _____ Zip Code: _____
 Dates Attended: _____ To: _____

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below, I authorize GOLDEN DAYS HOMECARE, LLC. to investigate and verify the information.

Signature of Applicant: _____ Date: _____

For Office Use Only

Person Conducting Interview: _____ **Date:** _____

Title: _____

Comments:



GOLDEN DAYS HOMECARE, LLC

Company/Client's Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

Company/Client's Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

EQUAL EMPLOYMENT OPPORTUNITY

(GOLDEN DAYS HOMECARE, LLC.) is to provide a fair and equal employment opportunity for all associates and job applicants regardless of race, color, religion, national origin, gender, sexual orientation, age, marital status or disability. GOLDEN DAYS HOMECARE, LLC. hires and promotes individuals solely based on their qualifications for the job to be filled. GOLDEN DAYS HOMECARE, LLC. believes that associates should be provided with a working environment which enables each associate to be productive and to work to the best of his or her ability. We do not condone or tolerate an atmosphere of intimidation or harassment based on race, color, religion, national origin, gender, sexual orientation, age, marital status or disability. We expect and require the cooperation of all associates in maintaining a discrimination and harassment-free atmosphere.



GOLDEN DAYS HOMECARE, LLC

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to
the requester.
Do not send to
the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: C] Individual/sole proprietor or C Corporation S Corporation Partnership C] Trust/estate single-member LLC Limited liability company. Enter the tax classification (C=C corporation, corporation, P=partnership) _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I	Taxpayer Identification Number (IN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.																					
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																					
Social security number																					
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Part II	Certification
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature Of U.S. person >		Date



GOLDEN DAYS HOMECARE, LLC

Name (Last Name): _____

Reference Form

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

Section I: (To be completed by Applicant)

Name: _____

Company Name: _____ Position: _____

Supervisor's Name: _____ Telephone: _____

Dates Employed: _____ - _____

I acknowledge filing an application with GOLDEN DAYS HOMECARE, LLC. and authorize the release of information from my former employer.

Applicant Signature: _____ Date: _____

Section II: (Supervisor, please confirm information in Section I and complete Section II.)

Is the Applicant's position title correct? Yes No _____
(if no, please correct information)

Are the dates of employment correct? Yes No _____
(if no, please correct information)

Is this employee eligible for rehire? Yes No or Conditional

(if no/conditional, please explain)

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

Reference record completed by (Authorized Representative): _____

Title: _____ Date: _____



GOLDEN DAYS HOMECARE, LLC

Name (Last Name): _____

Reference Form

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