



GLOBAL PRIVATE HOME CARE SOLUTIONS, LLC

APPLICATION FOR EMPLOYMENT OR CONTRACT WORK

AN EQUAL OPPORTUNITY COMPANY

APPLICANT'S STATEMENT

I understand that **Global Private Home Care Solutions, LLC** are committed to providing equal opportunity in all employment and contractual practices, including, but not limited to, selection, hiring, promotion, transfer and compensation to all qualified applicants, employees and contractors without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, or state law.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize former and present employers and schools, work and personal references listed in the application, and any other individuals I may name, to give the company or its designee any and all information concerning my previous employment, educational background, and any pertinent information they may have, personal or otherwise, and release such parties from all liability for damages that may result from furnishing same to the company. I also, authorize the company to provide truthful information concerning my employment with it to future employers or contractors and I agree to hold it harmless for providing such information.

I understand that misrepresentations, omissions of facts or incomplete information requested in this application may result in the company refusing to consider me for the employment or contractual work. In addition, if employed or contracted, any misrepresentations or omissions of facts called for in this application will be cause for dismissal or termination of employment agreement or contract, at any time without any previous notice.

I understand that this application and any other company documents are not promise of employment or contract. Should I be employed or given a contract, I understand that

my employment or contract will be on trial basis for a period of ninety (90) days from my initial date of hire, and that I will remain an at-will employee or contractor thereafter. I further understand that if I am employed or contracted, I can terminate my employment or contact at any time with or without cause and with or without advance notice, and that the company has a similar right. I understand that no manager, representative, or agent of the company has any authority to enter into any agreement for employment or contract work for any specific period of time, or to make any agreement contrary to the foregoing without agreement being signed by the Executive Director, President or Administrator of the company.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION. IF I AM HIRED OR CONTRACTED WITH THE COMPANY, I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT. THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM PERIOD OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT OR CONTRACT AFTER THAT TIME, YOU MUST RE-APPLY.

I DO UNDERSTAND THAT AS A PCA/CNA, COMPANION/SITTER, I AM HIRED AS AN EMPLOYEE.

I DO UNDERSTAND THAT AS A REGISTERED NURSE, LICENSED PRACTICAL NURSE, I AM HIRED AS A CONTRACTOR.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS MESSAGE.

Printed Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Social Security #: _____

Signature: _____

Date: _____