



**EMPLOYEE APPLICATION AND BACKGROUND CHECK FORM**

Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Date of Hire: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Site: \_\_\_\_\_

TNDL# \_\_\_\_\_

Exp Date: \_\_\_\_\_ (Up-date as needed)

**Work History: List last five years minimum**

(Facility must document contacts with employers of 6 months or longer plus the most recent)

Dates Start & Ending	Previous Employer Address, Phone, Contact Person	Position	Reason for Leaving	Salary or Wage Start and Ending

**Personal References: Must list three; One must have known you at least five years. (Do not use duplicate work references or contacts, please) (Facility must document contact with at least two of the three references)**

Name, Address, Phone Number	Years Known	Leave Blank for Facility NOTES:

All of the above information is true to the best of my knowledge. I hereby authorize Autumn Care to request and receive any information and/or records including, but not limited to criminal background check, driving, and previous and present employment, from any corporations, individuals, associations, agencies or departments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_