

Independent Caregiver Voluntary Disclosure Form

I, named below, understand and acknowledge that: This form is to assist with the evaluation of caregiver candidates. I give my permission to have _____ verify any and all information on this form. I hold them harmless and not liable for the use of this information.

First Name _____ Last Name _____

Address _____

Phone _____ Mobile _____ Email _____

Date of Birth _____ Driver License Number _____ SSN _____

What is your legal status? US Citizen Permanent Resident Visa Other _____

What is your current professional license? None CNA HHA Other, Specify _____

What is your CNA/HHA license number? _____ Is your license current? Yes No

Has your CNA or HHA ever been revoked, annulled, cancelled or suspended? Yes No

Have you been convicted of any crime, other than a minor traffic violation? Yes No

Have you ever been named a party to any lawsuit or other legal proceedings? Yes No

Have you ever been fired from a job? Yes No If Yes, why _____

Do you smoke or use recreational drugs? Yes No If Yes, what _____

Do you have Professional Liability Insurance? Yes No If Yes, what _____

Please list your last 3 last employments, starting with the current one, dates, and job function:

1. _____

2. _____

3. _____

Please list 3 professional references and their contact information:

1. Name _____ Contact info: _____

2. Name _____ Contact info: _____

3. Name _____ Contact info: _____

My information is voluntary and accurate. Signed _____ Date _____