

EMPLOYMENT APPLICATION



APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool
 For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential function sof the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?
 Name of license/certifications _____
 License/certification number: _____ Issuing State: _____
 Yes No Has your license/certification ever been revoked or suspended?
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER			<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?	PHONE () FAX ()
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING		

SECOND MOST RECENT EMPLOYER			PHONE () FAX ()	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING		

THIRD MOST RECENT EMPLOYER			PHONE () FAX ()	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING		

FOURTH MOST RECENT EMPLOYER			PHONE () FAX ()	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING		

DRIVER'S LICENSE INFORMATION

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last seven years? Please describe. _____

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.

- Yes No Please explain any "Yes" answer. Use additional paper if necessary
-
-

Are you currently awaiting trial for any criminal offense?

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

Have you ever initiated an act of violence in the workplace?

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 -76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and so may swear under oath.

District of Columbia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

New York Applicants: You may answer "no record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law; a conviction for a "violation" that has already been sealed by the court, per section 160.55 of the New York Criminal Procedure Law.

Washington Applicants: Do not identify any conviction that is more than ten (10) years old at the time of making this application.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$ 100."

Maryland applicants, please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
-----------	------

Massachusetts Applicants: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Rhode Island Applicants: The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERMISSION TO WORK IN THE UNITED STATES

Yes No Are you legally eligible to work in the United States?

Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
-----------	------

Please Read and Initial Each Paragraph Below.

If there is any part of this page you do not understand, please ask the interviewer about it before signing.

_____ I hereby authorize HOME HEALTH CARE OF MIDDLE TENNESSEE to thoroughly investigate my References, Work Records, Name and Social Security Number Validation, Motor Vehicle Record History, Criminal Court History, Worker's Compensation History, Education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release HOME HEALTH CARE OF MIDDLE TENNESSEE, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and a pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ If hired, I agree that HOME HEALTH CARE OF MIDDLE TENNESSEE may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and HOME HEALTH CARE OF MIDDLE TENNESSEE. In addition, I understand and agree that if I am employed, my employment relationship with HOME HEALTH CARE OF MIDDLE TENNESSEE is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or HOME HEALTH CARE OF MIDDLE TENNESSEE and that no promises or representations contrary to the forgoing are binding on HOME HEALTH CARE OF MIDDLE TENNESSEE unless made in writing and signed jointly by the Administrator and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or HOME HEALTH CARE OF MIDDLE TENNESSEE benefits, policies and procedures will not alter our at-will and arbitration agreements.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by auto insurance, and have proof of \$100,000/\$300,000 liability insurance required for my position.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or mis-statement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if offered employment, I hereby authorize HOME HEALTH CARE OF MIDDLE TENNESSEE to deduct premiums from my bi-weekly paychecks for Medical, Dental and Life Insurance. I understand that I must meet the requirements for eligibility to participate in the group health plan coverage.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature: _____

Date: _____

Disclosure and Authority to Release Information

I understand that in processing my application with Home Health Care of Middle Tennessee, an investigative consumer report may be conducted. FCRA § 606. (a) (1) disclosure requirements; Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted Yes No N/A

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Health Care of Middle Tennessee and its agent, Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" and state law to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

If employed in CA, MN, or OK; I would like a copy of my report. Yes No N/A

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
-----------------	------------------	-------------------

Street Address

City	State	Zip Code
------	-------	----------

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

Address	City/ State/Zip	Address	City/State/Zip
---------	-----------------	---------	----------------

Address	City/ State/Zip	Address	City/State/Zip
---------	-----------------	---------	----------------

Other Name(s) Used and Date(s) Changed: _____

Drivers License Number	State Issued	Expiration Date	Date of Birth
------------------------	--------------	-----------------	---------------

(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Social Security Number	Date
-----------	------------------------	------

EEOC SELF IDENTIFICATION FORM (OPTIONAL)

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of job applied for: _____

SEX

- Male
- Female

RACE/ETHNICITY (check one)

- White – origins in Europe, North Africa, or Middle East
- Asian – origins in Far East, S.E. Asia, India or Pacific Islands
- Black – origins in Africa
- Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- American Indian – origins in North America, to exclude Alaska
- Other

PHYSICAL CONDITION

- (1) No Disability
- (2) Physically Disabled (No Facility Modification)
- (3) Physically Disabled (Facility Modification)
- (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Disabled (Learning Disability)

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 – 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

PERSONAL AND CONFIDENTIAL

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

CONDITIONAL JOB OFFER & MEDICAL REVIEW

Applicant note:

This form is to be completed only after you have been given an offer of employment.

APPLICANT NAME _____ POSITION _____ DATE OF JOB OFFER _____

Based on qualifications presented on your application form and/or in your job interview, you are hereby offered a job with our organization conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be rescinded unless a medical review reveals that you cannot perform the essential functions of the job (with accommodations if requested), or you present a hazard to yourself or others. False or misleading statements are also grounds for rescinding this offer. Please note that workers' compensation benefits in some states may also be affected by false or misleading information. This form must be accurate and complete for us to process. This information is considered personal and medical in nature and will be treated as such by handling it confidentially in strict compliance with the Americans with Disabilities Act. This offer is valid only if the back of this page is signed by a company representative.

HEALTH AND SAFETY

I. Yes No Have you had any injuries on the job?

If yes, please describe:

- a) date of injury
- b) employer
- c) body part affected
- d) cause
- e) amount of lost time
- f) any permanent disability (%)?
- g) was workers' comp claim filed?

1	2	3

(If applying for a job in NY or IL leave workers' comp question, line g, blank)

Please list any others in comment section on the back

II. Yes No

Do you have or have you had other injuries or illnesses not on the job (home, auto, sports, hunting, etc.) that have resulted in hospitalization, surgery or lost work time which would affect your ability to perform the essential functions of this position with or without reasonable accommodation?

If yes, please describe:

- a) date of injury/illness
- b) body part affected
- c) cause
- d) days in hospital
- e) days lost work time
- f) have you recovered?

1	2	3

Please list any others in comment section on the back

III. Yes No

Are you taking any long term (more than 30 days) prescribed medications which would affect your ability to perform the essential functions of this position with or without reasonable accommodation?

If yes, please describe:

- a) type of medication
- b) purpose
- c) side effects

1	2	3

PERSONAL AND CONFIDENTIAL

THIS PAGE CONTAINS SENSITIVE INFORMATION. STORE ONLY IN SECURE "MEDICAL ONLY" FILES. SEPARATELY FROM PERSONNEL RECORDS!

COMMENTS:

AFFIRMATION AND AUTHORIZATION:

I hereby affirm that the information on this form is true and correct, and that there are no omissions, false information or misrepresentation of facts. I authorize any physician, medical facility, law enforcement agency, administrator, state agency, institution, information service bureau, insurance company or employer contacted by this company or an agent of this company to furnish or verify workers' compensation information and medical records.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Today's Date Signature

Upon successful completion of this review you will be given a start date.

Today's Date Authorized Signature of Company Representative

FOR EMPLOYER USE ONLY

VERIFICATION (Personnel Administrator) _____

MEDICAL REVIEW (Medical Professional) _____

PERSONAL AND CONFIDENTIAL

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Home Health Care of Middle Tennessee, LLC

Work Reference

TO: _____

The person named below listed you as a prior employer. We would appreciate your assistance by confirming the dates of employment and giving us an evaluation of the applicant's ability and qualifications. All responses are confidential. Thank you.

Applicants Name (Please print) _____ Social Security' # _____

Position Held _____ Reason For Leaving _____

Employed From - To Dates _____ Pay Rate _____

1. Does the information above correspond with your records?
 Yes No If different, how? _____

2. Would you rehire this employee? Yes No

Comments: _____

	Excellent	Average	Poor
Attitude			
Job Knowledge			
Judgement			
Dependability			
Appearance			
Job Performance			
Attendance			

Comments: _____

Previous Employer Contacted by Telephone call Fax US Mail

HHCMT Representative: _____ Title: _____ Date: _____

I, the undersigned, give permission to release the above information to HHCMT, LLC

Applicant's Signature _____ Date _____

Home Health Care of Middle Tennessee, LLC

Work Reference

TO: _____

The person named below listed you as a prior employer. We would appreciate your assistance by confirming the dates of employment and giving us an evaluation of the applicant's ability and qualifications. All responses are confidential. Thank you.

Applicants Name (Please print) _____ Social Security' # _____

Position Held _____ Reason For Leaving _____

Employed From - To Dates _____ Pay Rate _____

1. Does the information above correspond with your records?
 Yes No If different, how? _____

2. Would you rehire this employee? Yes No

Comments: _____

	Excellent	Average	Poor
Attitude			
Job Knowledge			
Judgement			
Dependability			
Appearance			
Job Performance			
Attendance			

Comments: _____

Previous Employer Contacted by Telephone call Fax US Mail

HHCMT Representative: _____ Title: _____ Date: _____

I, the undersigned, give permission to release the above information to HHCMT, LLC

Applicant's Signature _____ Date _____