

# Connecticut Caregiver Connection

68 Main Street  
Danbury, CT 06810  
Tel: 203.790.8070  
Fax: 203.748.1648

## Application Checklist

*We need the following information in order to process your application.*

You can either send all documentation via email to [info@CTcaregiverconnection.com](mailto:info@CTcaregiverconnection.com) or in person with the information listed below along with the attached application and documents.. If you do not bring the below items, your application **will not** be processed. Thank You.

- Driver's License\*** (must provide copy)
- Social Security Card\*** (must provide copy)
- CNA/LPN/RN License or HHA Certificate** (must provide copy)
- PPD Results\***
- Liability Insurance/Malpractice (*DNR employees only*)
- Proof of Residency (*green card, passport*)\*
- Work VISA (if *applicable*)
- Police Background Check

*(If you have lived in CT for 5 years or more you do not need to do your own background check)*

Please Submit with Application if you live out of state or just moved to the area recently

- Automobile registration and Automobile insurance\*** (must provide copy)

**\* Must bring these documents with you prior to Interview**

**\*If submitting your application via email you must provide copies of \* items otherwise your application will not be submitted for review**

**Connecticut Caregiver Connection**

68 Main Street  
Danbury, CT 06810

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Check One:** R.N.  LPN  C.N.A.  H.H.A.

License Expiration Date: \_\_\_\_\_ Certification Number: \_\_\_\_\_

**Personal References:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

**History of Employment (Must have 2 recent employers):**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ To: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ To: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee <b>by entering your name here is acceptable &amp; in lieu of actual signature</b>	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

USCIS  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization Authorization	OR	List B Identity	AND	List C Employment
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee,  
 (2) The above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**Connecticut Caregiver Connection Inc.**

68 Main St  
Danbury CT, 06810  
(203) 790-8070

Dear Employee:

By joining Connecticut Caregiver Connection, Inc. (CCC) you are engaging this agency to act as your agent by providing work opportunities. You are referred to clients as an **employee**; therefore you will receive a pay check from the agency once all required materials are submitted.

**Federal and State taxes** will be taken out by CCC. The agency does not provide personal liability insurance, but does provide workman's compensation and unemployment benefits.

Additionally, you will receive a W-2 at the end of the year for tax reporting purposes. You agree to provide CCC with an accurate social security number and address.

***I have fully read and understand the statement at the top of this page.***

Employee's Name (print please): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_  
**by entering your name here is acceptable and in lieu of actual signature**

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

**Connecticut Caregiver Connection Inc.**

68 Main St  
Danbury CT, 06810  
(203) 790-8070

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

I, \_\_\_\_\_

Maiden Name/ or AKA: \_\_\_\_\_

Of (Address): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby give permission to the hiring agencies (Danbury Nurses Registry & Connecticut Caregiver Connection Inc.) to conduct an criminal background search conducted in reference to me application for employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
by entering your name here is acceptable and in lieu of actual signature

***“I certified that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that id I knowingly make any misstatements of fact; I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.”***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
by entering your name here is acceptable and in lieu of actual signature

\_\_\_\_\_  
(Results of criminal background check) By Date

**NATIONAL CRIMINAL**  
**BACKGROUND CHECK**

**IF YOU HAVE NOT LIVED IN  
CONNECTICUT FOR THE LAST 5  
YEARS, YOU WILL BE REQUIRED TO  
RUN YOUR OWN BACKGROUND CHECK**

**TO GET YOUR OWN NATIONAL CRIMINAL  
BACKGROUND CHECK WE RECOMMEND  
SENTRYLINK FOR \$19.95**

**GO TO [WWW.SENTRYLINK.COM](http://WWW.SENTRYLINK.COM)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**CT Caregiver Connection** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records), verification of your education or employment history, or other background checks. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Jungle Source, Inc., 6150 Stoneridge Mall Road #180, Pleasanton, CA 94588, 866-298-3716, or another outside organization. Additional information regarding Jungle Source's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at [www.junglesource.com/privacy\\_policy.html](http://www.junglesource.com/privacy_policy.html). The scope of this notice and authorization is all-encompassing, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York, Massachusetts, New Jersey and Maine applicants and employees ONLY:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified directly above.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Jungle Source, Inc., 6150 Stoneridge Mall Road #180, Pleasanton, CA 94588, 866-298-3716, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<b>New York applicant and employees ONLY:</b> by signing below, you also acknowledge receipt of Article 23-A of the New York Correction law					
<b>State of Washington applicants and employees ONLY:</b> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.					
<b>Minnesota and Oklahoma applicants or employees ONLY:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.					
<b>California applicants or employees only:</b> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigation consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.					
<b>First Name:</b>		<b>Middle:</b>		<b>Last:</b>	
<b>Other Names/Maiden/Alias*:</b>					
<b>SS#*:</b>		<b>Non-U.S. ID# (if any) &amp; Country*:</b>			
<b>DL# &amp; State:</b>		<b>Date of Birth*:</b>		<b>Phone#:</b>	
<b>List the Places you have lived, beginning with the most recent (#1) and working back 7 years.</b>					
<b>Address#1:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Address#2:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Address#3:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Address#4:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Applicant/Employee Signature:</b>			<b>Date:</b>		<b>Client Name/ID:</b>
By entering your name here is acceptable & in lieu of actual signature					<b>CT Caregiver</b>

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*



## **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 (CRA). 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 CRA may continue to report information if it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a CRA 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 CRA 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 CRA may not give out information about you to your employer, or 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 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 CRA, or, in some cases, user of consumer reports or furnisher of information to a CRA 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1. <ul style="list-style-type: none"> <li>a. Banks, savings associations and a-edit unions with total assets of over \$1 billion and their affiliates.</li> <li>b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the CFPB:</li> </ul>	<ul style="list-style-type: none"> <li>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</li> <li>b. Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 1-877-382-4357</li> </ul>
2. To the extent not included in item 1 above: <ul style="list-style-type: none"> <li>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</li> <li>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</li> <li>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</li> <li>d. Federal Credit Unions</li> </ul>	<ul style="list-style-type: none"> <li>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</li> <li>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</li> <li>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</li> <li>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</li> </ul>
3. Air Carriers	Asst General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for capital Access United States Small Business Administration 409 Third Street, SW, 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357

**Connecticut Caregiver Connection**  
**68 Main Street**  
**Danbury, CT 06810**

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

**APPLICANT: FILL OUT TOP PORTION ONLY**

You have my permission to forward my references to the above agency.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**By entering your name here is acceptable & in lieu of actual signature**

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

Company: \_\_\_\_\_ Attention: \_\_\_\_\_

Re: \_\_\_\_\_

**The above person has applied for placement at Connecticut Caregiver Connection. She/he has given me your name for a reference. Please evaluate the skills as listed below and return this either by mail address above or email back to my attention at [info@CTcaregiverconnection.com](mailto:info@CTcaregiverconnection.com) at your earliest convenience.**

**Thank you for your assistance in this matter.**

Yours very truly,

Tanya London  
**Executive Director**

Please rate the following factors and place "X" in appropriate column.

	Excellent	Good	Fair	Poor
Nursing Skills	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Health	_____	_____	_____	_____
Integrity	_____	_____	_____	_____

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Would you Re-hire? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no" please state reason:

Remarks: \_\_\_\_\_

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_