



Blessed with Goodness LLC

In-Home Care Provider

PRE-EMPLOYMENT STATEMENT

I authorize any persons, schools, current employer (if applicable), previous employers, and organizations named in this application (and accompanying resume, if any) to provide **BLESSED WITH GOODNESS LLC** with relevant information which may be requested by **BLESSED WITH GOODNESS LLC** to arrive at an employment decision. I agree **BLESSED WITH GOODNESS LLC** and my previous employers, schools, and references shall not be held liable if an offer of employment is not tendered, is withdrawn, or my employment is terminated due to the falsity of, or omissions in, the information I have provided.

I understand this employment application, **BLESSED WITH GOODNESS LLC's** policies and procedures, and other **BLESSED WITH GOODNESS LLC** supplied materials, are not contracts of employment, and, if hired, I have the right to terminate my employment whenever I choose. I further understand **BLESSED WITH GOODNESS LLC** has the same right to terminate my employment, at any time, with or without cause. I understand no **BLESSED WITH GOODNESS LLC** representative, other than the OWNER/CEO, has the authority to enter into a written agreement for employment for a specified period, or to make any agreement contrary to the foregoing. Any offer of employment by **BLESSED WITH GOODNESS LLC** must be in writing. Verbal offers shall have no force or effect until confirmed in writing. I understand any offer of employment may be withdrawn with or without cause at the discretion of **BLESSED WITH GOODNESS LLC**.

If employed by **BLESSED WITH GOODNESS LLC**, I understand and agree such employment is subject to and requires my compliance with all **BLESSED WITH GOODNESS LLC** policies and procedures. I further understand my continued employment with **BLESSED WITH GOODNESS LLC** may require me to obtain and retain a certification, license, registration and/or U.S. government-granted clearance. My employment with **BLESSED WITH GOODNESS LLC** in a position not requiring a certification, license, registration and/or security clearance depends on the availability of such a position for which **BLESSED WITH GOODNESS LLC** determines I am qualified.

I understand **BLESSED WITH GOODNESS LLC's** Policy of Maintaining a Drug-Free Workplace/Workforce may require me to, either before or after employment, submit to urine tests for controlled substances and illegal drugs to be conducted by a health facility; medical or



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testing clinic or laboratory; or physician. I agree to submit to such examinations and/or tests and hereby authorize release and disclosure of the results to **BLESSED WITH GOODNESS LLC**. I further acknowledge test results which show the presence of a controlled substance or illegal drugs may result in denial or termination of employment. I agree to sign any documents which may be necessary to permit release of and disclosure to **BLESSED WITH GOODNESS LLC** of any medical examination and/or medical test for controlled substances undertaken by me in accordance with this policy. I agree that, if employed, I will be subject to the terms of **BLESSED WITH GOODNESS LLC's** Policy on Maintaining a Drug-Free Workplace/Workspace.

I also agree, as a condition of obtaining and continuing my employment with **BLESSED WITH GOODNESS LLC**, I will enter into such agreements with the Company as may be requested, including, but not limited to, agreements concerning the protection of confidential/proprietary information and intellectual property rights.

I acknowledge and agree to abide by **BLESSED WITH GOODNESS LLC's** policy of maintaining a smoke-free environment.

In connection with my submission of this application for employment with **BLESSED WITH GOODNESS LLC**, I hereby affirm the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree false information or omissions may, at **BLESSED WITH GOODNESS LLC's** discretion, disqualify me from further consideration and result in termination of employment if discovered later.

I further understand I will be officially hired with a start date and Terms of Employment Notice once I am provided a client.

By signing below, I acknowledge I have read and understand the above policy	
Applicant Printed FIRST Name	Applicant Printed LAST Name
Applicant Signature	Date



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Employment Application

716 E. Fairfield Rd., Ste. #120 Greenville, SC 29605 • (864) 520-8213 • Fax (864) 520-8214

COMPLETE IN FULL — “See Attached Resume” IS NOT SUFFICIENT / write N/A if not applicable

APPLICATIONS WITH MISSING INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED

APPLICATION FOR EMPLOYMENT

PERSONAL

Name (First)		(Middle)	(Last)		Date	
Current Street Address			City		State	Zip Code
Phone:		Email:			Date of Birth:	
Position applying for (position may not currently be available)						
Have you ever applied for employment with us?					Desired Hourly Rate	
Yes	No	If Yes: Month and Year		Location		
Are you available for full-time, part-time or PRN work?			Yes	No	Please specify preference:	
Preferred hours/shift?			OTHER - Briefly Explain			
Will you work weekends if asked? Yes			No	When will you be available to begin work?		
Special training or skills (languages, certification/license, etc.)						
How did you learn of our organization?						
Do you have any relatives employed by the Agency? Yes			No	If YES, please provide name:		

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High				Yes	
				No	
College			□□□□	Yes	
				No	
Other (Specify)			□	Yes	
				No	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES		DATE DISCHARGED
Are you enrolled in Military Reserve? Yes No Branch: Rank: Location: Years Enrolled:					

EMPLOYMENT

COMPLETE IN FULL — “See Attached Resume” IS NOT SUFFICIENT / write N/A if not applicable

Company Name	Telephone
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
List Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
List Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
List Job Title and Describe Your Work	Reason for Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center; margin-bottom: 10px;">DO NOT CONTACT</p> <p>Employer(s)</p> <p>Reason(s)</p>
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SPECIAL QUALIFICATIONS

License / Certification: Type:	State:	Expires:
Clerical Skills:	Typing Speed:	Software Skills:
Other (Specify)		

WORK REFERENCES

Company Name	Position	
Company Address (Work/Home)	Company Telephone (Work/Home)	
Company Name	Position	
Company Address (Work/Home)	Company Telephone (Work/Home)	
Company Name	Position	
Company Address (Work/Home)	Company Telephone (Work/Home)	

GENERAL INFORMATION

Federal and State Law require employees to be authorized to work in the United States.
Are you currently authorized to work in the United States without company sponsorship?

Yes No If NO, please explain:

PERSONAL REFERENCES

Name	Occupation	Address	Telephone
Name	Occupation	Address	Telephone

PLEASE READ BEFORE SIGNING:

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the company may investigate my work and personal history and verify data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand pre-employment health evaluations and competency assessments are required. I understand additional background checks may be conducted such as: Department of Developmental Services and Sex Offender Registry check; criminal background check will be conducted for all positions; credit report may be obtained for positions with significant responsibility for cash management and access to cash to ensure employability. Physicals will be performed for specified positions with significant physical requirements; and 10-year Motor Vehicle driver history will be conducted for all positions that require driving as part of the job. Furthermore, I authorize the Agency to conduct any background checks deemed appropriate and in accordance with all applicable state and federal regulations. I understand that the Agency reserves the right to reject or rescind an offer of employment based on an unsatisfactory background check.

I understand that the Agency has a Drug-Free Workplace policy and conducts pre-employment drug testing for Marijuana, Cocaine, Phencyclidine (PCP), Opiates and Amphetamines for all positions deemed safety sensitive. I understand that the Agency conducts random drug and alcohol testing and reasonable suspicion, post-accident, return-to-duty and unannounced follow-up testing in accordance with all applicable state and federal regulations.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date

Blessed with Goodness LLC does not discriminate in employment opportunities or practices based on race, color, religion, marital status, sex, sexual orientation, gender identity and expression, national origin, ancestry, age, because of a physical, intellectual or learning disability, past or present history of a mental disability, based on genetic information or membership in any group covered under applicable federal, state or local laws. Furthermore, Blessed with Goodness LLC will not discriminate against any employee or applicant because he/she is a disabled veteran (any era), a Vietnam-era veteran or other eligible veteran. This policy governs all aspects of employment. Blessed with Goodness LLC will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

Policy on Alcohol and Controlled Substance Testing

FACT SHEET

- Why do we test applicants/employees for alcohol and controlled substances?
We are firmly committed to operating in the safest and most efficient manner possible. As a responsible employer, we are also committed to promoting the safety and welfare of our employees and the public. The widespread problem of drug and alcohol abuse in our society is a potential threat to those objectives, endangering not only the public, but also the future of our company and the personal lives of our employees.
It is the responsibility of each employee to ensure that he/she is drug free in compliance with the requirements outlined in the policy.

- Who will be tested for alcohol and/or illegal or unauthorized drugs?
All applicants for positions with Blessed with Goodness LLC
Employees in positions which must adhere to federal Department of Transportation regulations regarding random, reasonable suspicion, post-accident, return-to-duty and follow-up drug and alcohol testing.
All employees are subject to reasonable suspicion drug and alcohol testing.
Determination of reasonable suspicion will be made by appropriate supervisory personnel.

- What if I fail a drug or alcohol test?
Applicants who have a confirmed “positive” test for drugs will be rejected for employment and may not be eligible for hire for twelve (12) months following.
Employees who have a confirmed “positive” test for drugs or alcohol will be removed from duty in accordance with state and federal regulations and will be subject to disciplinary action up to and including termination of employment.
Applicants/employees who fail to cooperate in the drug and/or alcohol test will be considered as a “positive” result.

Blessed with Goodness LLC policy on Alcohol and Controlled Substance Testing will be implemented in accordance with all applicable state and federal regulations.



Blessed with Goodness, LLC

In-Home Care Provider

SLED/Criminal Background Policy and Authorization

BLESSED WITH GOODNESS LLC has a commitment to provide a safe, quality-oriented, and productive work environment consistent with the standards of the community in which the company operates.

BLESSED WITH GOODNESS LLC believes hiring qualified individuals to fill positions contributes to the overall success of **BLESSED WITH GOODNESS LLC**.

It is our desire and expectation that you will grow with and add value to **BLESSED WITH GOODNESS LLC** and for all employees to adhere to the required following SLED and Criminal Background Policy:

- A SLED criminal background check is required for all employees prior to hire and at least every two years thereafter to include employees who will provide direct care to SCDHHS/SCDDSN participants and all administrative/office employees (office employees required to have SLED background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions).
- SLED/Criminal Background records must be maintained in the employee's personnel file.

BLESSED WITH GOODNESS LLC will obtain employee's SLED/Criminal Background record prior to hire and bi-annually thereafter via <https://catch.sled.sc.gov/> unless the employee obtains and/or provides copies as required.

Employer will payroll deduct SLED Catch Transaction Fee(s) from employee payroll as follows:

- SLED Catch Transaction Fee amount = \$25
(Rates may vary and are subject to change at any time)
- SLED Catch Convenience Fee amount = \$1.00
(Rates may vary and are subject to change at any time)

- All SLED criminal background checks must include all data for the individual with no less than a ten (10) year timeframe being searched.
- The SLED criminal background check must include statewide data.
 - The statewide data must include South Carolina and any other state or states the worker has resided in within the prior (10) ten years.
- Potential employees with felony convictions within the last ten (10) years cannot provide services to SCDHHS/SCDDSN participants or work in an administrative/office position.
- Potential employees with non-violent felonies dating back ten (10) or more years can provide services to SCDHHS/SCDDSN participants under the following circumstances:
 - Participant/responsible party must be notified of the aide's SLED criminal background, i.e., felony conviction, and year of conviction.
 - Provider/employer must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the aide's SLED criminal background and agreement to have the aide provide care; this statement must be placed in the participant record.
- Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the provider's discretion.
- Hiring of employees with misdemeanor convictions will be at the provider's/employer's discretion.
- Employees hired prior to July 1, 2007, and continuously employed since then will not be required to have a SLED criminal background check.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

BLESSED WITH GOODNESS LLC may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report.” The consumer report may contain information regarding your criminal history and/or motor vehicle records (“driving records”) and may also contain other background information about you. As such, the consumer report may bear upon your character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I hereby authorize **BLESSED WITH GOODNESS LLC** and its designated representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law Enforcement Agencies) to divulge all information, verbal or written, pertaining to me, to **BLESSED WITH GOODNESS LLC**, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **BLESSED WITH GOODNESS LLC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner to protect the applicant’s personal information, including, but not limited to addresses, social security numbers, and dates of birth.

I hereby release **BLESSED WITH GOODNESS LLC**, the Social Security Administration and its agents, official representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Printed Name:			
	FIRST	MIDDLE	LAST
Other Name ever used-1:			
Other Name ever used-2:			
Current Address:			
Previous Address:			
Other Address-1:			
Social Security No.		Date of Birth:	
Cell Phone:		Other Phone:	
Driver’s License No:		State:	
Other ID No:		State:	
By signing below, I acknowledge I have read and understand the above.			
Signature			Date