



Visiting Nurse & Hospice Home

5910 Homestead Road, Fort Wayne, IN 46814

To: _____ Date: _____

The individual named below is applying for a position as: _____
with our home care agency. We ask that you verify her/his employment service with your company or provide personal acknowledgment, as appropriate. All information will be KEPT STRICTLY CONFIDENTIAL. Please fold, tape and return this self mailer. No postage is necessary. Thank you for your prompt assistance.

APPLICANT SECTION:

Please Print Full Name _____ Social Security Number _____

Previous Name (if applicable:) _____

Position held _____ From _____ To _____

I have applied to one of the above companies for employment. I authorize you to issue them any requested information regarding my employment record and/or character and unconditionally release your company from all liability which might result from responding to this request. PHOTOSTATIC COPIES OF THIS RELEASE AUTHORIZATION SHALL BE VALID AS A LEGAL DOCUMENT.



Signature of Applicant

Date

EMPLOYMENT VERIFICATION SECTION:

Dates Employed: Beginning _____ Ending _____

Position Held: Beginning position: _____ Ending position: _____

Reason for Termination: [] Resignation [] Other: _____

Eligible for Rehire? [] Yes [] No: If no, please explain _____

Please check one of the following as it applies:

Work Record Rating:	Poor	Good	Above Average
Quality of Work	[]	[]	[]
Quantity of Work	[]	[]	[]
Attendance	[]	[]	[]
Cooperation	[]	[]	[]

Additional Comments: _____
(Attach additional sheet if necessary)

PERSONAL REFERENCE SECTION:

How long have you known the above person? _____

Have you worked with or supervised this person? [] Yes [] No

Would you recommend this individual for employment? [] Yes [] No

Comments: _____
(Attach additional sheet if necessary)

Signature _____ Date _____

Title _____

Visiting Nurse & Hospice Home
5910 Homestead Road
Fort Wayne, IN 46814

ATTN: Human Resources

REQUEST FOR LIMITED CRIMINAL HISTORY INFORMATION

Requesting Agency or Individual VISITING NURSE & HOSPICE HOME 260-435-3222
(AREA CODE & TELEPHONE NUMBER)

Subject of Request: _____
(NAME)

(LAST NAME) (FIRST NAME) (M.I.) (DATE OF BIRTH)

(ADDRESS) (SEX) (RACE)

REASON FOR REQUEST:

1. Applicant has applied for employment with a non-criminal justice organization or individual.
2. Applicant has applied for a license and criminal history data is required by law to be provided in connection with the license.
Set out authority: _____
3. Applicant is a candidate for public office or a public official.
4. Is in the process of being apprehended by a law enforcement agency.
5. Is placed under arrest for the alleged commission of a crime.
6. Has charged that his rights have been abused repeatedly by criminal justice agencies.
7. Is the subject of judicial decision or determination with respect of the setting of bond, plea bargaining, sentencing or probation.
8. Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency or a not-for-profit corporation.
9. Is being investigated for welfare fraud by an investigator of the state department of public welfare or a county department of public welfare.
10. Is being sought by the parent locator service of a child support division of the state department of public welfare.
11. has been convicted of any of the following:
 - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
 - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - (C) Child molesting (IC 35-42-4-3).
 - (D) Child exploitation (IC 35-42-4-4(b)).
 - (E) Vicarious sexual gratification (IC 35-42-4-5).
 - (F) Child solicitation (IC 35-42-4-6).
 - (G) Child seduction (IC 35-42-4-7).
 - (H) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

REQUEST MADE PURSUANT TO IC 5-2-5-13?

- A. Prospective adult volunteer for children (Copy of non-profit status enclosed).
 Home Health Agency (copy of non-profit status enclosed).
- B. Department of Public Welfare Day Care/Foster Home Licensing or licensee.

WARNING PENALTY FOR MISUSE SEE REVERSE SIDE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes:

1. other than those stated in the request; or
2. which deny the subject any civil right to which the subject is entitled.

IC 5-2-5-5: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

(SIGNATURE OF REQUESTER) _____
(DATE)

5910 Homestead Road

(STREET ADDRESS)

Fort Wayne IN 46814

(CITY) (STATE) (ZIP CODE)

FOR STATE POLICE USE ONLY

- No Record on File Record Inspected Record Released Fee \$ _____
- Information provided not verified by fingerprints.

(SIGNATURE OF DEPARTMENT EMPLOYEE)

(DATE)