



**GOLDEN TLC PLUS CORP.**

Website: goldentlcplus.com  
Email:goldentlc18@yahoo.com  
Tel.#'s: (747) 206-6340 ; (818) 271-7749  
(818) 921-5232

Mailing Address: P.O Box 17551Encino CA 91416  
Office: 18531 Roscoe Blvd. Ste. 200 Northridge CA 91324

INFORMATION SHEET

In completing this form, I understand and agree to work as a caregiver employee;

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

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Tel: © \_\_\_\_\_ (h) \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Exp: \_\_\_\_\_ I-94 \_\_\_\_\_ Visa Status \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If you are not a U.S. Citizen, do you have the right to work in the U.S.? \_\_\_\_\_

How did you hear about this agency? \_\_\_\_\_

Position sought: \_\_\_\_\_ Preferred Shift: \_\_\_\_\_

CAREGIVER/ HOMEMAKER: License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you drive? \_\_\_\_\_ Means of transportation: \_\_\_\_\_

California Driver License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Tel: \_\_\_\_\_

EDUCATION

\_\_\_\_\_

High School	City	State	Graduated?	Date
Degree/ College/University/	City	State/Country		Date

**WORK EXPERIENCE** (most recent first)

1. Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_
2. Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_
3. Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS**

1. \_\_\_\_\_  

Name	Address	Tel. No.	Yrs. Known
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2. \_\_\_\_\_  

Name	Address	Tel. No.	Yrs. Known
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3. \_\_\_\_\_  

Name	Address	Tel. No.	Yrs. Known
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**SOLICITATION OF CLIENTS**

- (A) CAREGIVERS' AGREES THAT DURING THE TERM OF THIS AGREEMENT AND FOR A PERIOD OF TWO YEARS FOLLOWING THE TERMINATION OF THIS EMPLOYMENT WITH CLIENT NOT TO DO ANY OF THE FOLLOWING:
- (B) BE EMPLOYED DIRECTLY OR INDIRECTLY BY ANY OF AGENCY'S CLIENTS, THEIR RELATIVES, FRIENDS OR ACQUAINTANCES TO PERFORM ANY OR ALL OF THE SERVICES IN THIS OR SUBSEQUENT AGREEMENT(S),

(C) ENCOURAGE, REQUEST OR OTHERWISE SOLICIT ANY OF AGENCY'S CLIENTS TO TERMINATE OR CANCEL THEIR CLIENT'S AGREEMENT WITH THE AGENCY, IN ORDER THAT CAREGIVER SHALL BECOME

**CONT. SOLICITATION OF CLIENTS**

EMPLOYED, ASSOCIATED OR CONNECTED WITH THE CLIENT OR ANY PERSON(S) CONNECTED WITH, RELATED TO OR KNOWN TO THE CLIENT.

(D) CAREGIVER CAN CONTRACT OR BE EMPLOYED BY CLIENT IF THE CAREGIVER IS WILLING TO COMPENSATE THE AGENCY IN THE AMOUNT OF \$7,500.00 IN ORDER TO RELEASE CAREGIVERS' EMPLOYMENT'S ENGAGEMENT WITH THE AGENCY.

**AGENCY'S POLICIES – It is the Agency's policies to terminate, relieve, and / or file a lawsuit on the following grounds:**

1. ABANDONMENT OF POST WITHOUT NOTIFYING THE AGENCY AND / OR PROPER ENDORSEMENT.
2. NONCOMPLIANCE OF CLIENT'S CARE SPECIFICATION
3. DOING BUSINESS TRANSACTION WITH THE CLIENT OTHER THAN THE CAREGIVING JOB SERVICES, LIKE MERCHANDIZING OR SELLING ANYTHING TO THE CLIENT FOR PERSONAL GAIN.
4. DISCUSSING EMPLOYMENT FEES AND BENEFITS TO THE CLIENT AS THEY ARE EMPLOYED WITH THE AGENCY.
5. LYING TO THE AGENCY ON THE INFORMATION SUBMITTED AS WELL AS EXCUSES OF LEAVE OF ABSENCE.

**TO BE RELIEVE ON THE POST: AN ADVANCE NOTICE MUST BE FILED AT LEAST SEVEN (7) DAYS IN ADVANCE IN ORDER TO BE RELIEVED, UNLESS EMERGENCY.**

**QUITTING THE POST: AN ADVANCE NOTICE MUST BE FILED AT LEAST TWO (2) WEEKS PRIOR TO ENDING THE EMPLOYMENT, UNLESS OTHERWISE THE AGENCY RELIEVE THE SERVICES OF THE CAREGIVER BECAUSE OF UNSATISFACTORY SERVICES.**

\_\_\_\_ I CERTIFY THAT ALL INFORMATION GIVEN IN THIS SUBMISSION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE AGENCY WILL RELY ON THE INFORMATION I SCRIPTED IN THIS FORM IN EMPLOYING ME. HENCE, I CAN BE DISMISSED FROM MY EMPLOYMENT FOR ANY MISREPRESENTATION I MADE IN THIS SUBMISSION. I DO UNDERSTAND THAT HOME CARE plus CORPORATION IS NOT LIABLE FOR ANY ACTS DONE BY MYSELF OR MY PROSPECTIVE AGENCY. I AGREE NOT TO HOLD HOME CARE plus CORPORATION RESPONSIBLE FOR ANY CLAIMS ARISING FROM MY EMPLOYMENT.

**NOTE: PLEASE ATTACH COMPREHENSIVE RESUME, COPIES OF SCHOOL/WORK CREDENTIALS, AND NECESSARY IMMIGRATION DOCUMENTS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT