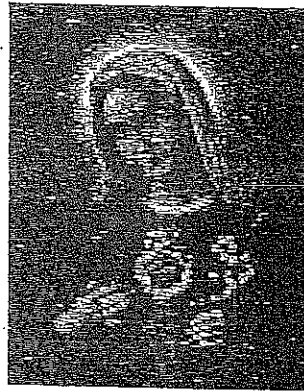


# IMMACULATE HEART OF MARY-PCS, LLC

Region II  
671 North LA 1  
P.O. Box 505  
Morganza, Louisiana 70759  
(225) 694-3312  
Fax (225) 694-0337

Region IV  
226 Lyons St.  
P.O. Box 670  
Melville, Louisiana 71353  
(337) 623-4100  
Fax (337) 623-4102

Region VI  
302 S. Preston St.  
P.O. Box 398-  
Marksville, Louisiana 71351  
(318) 253-5400  
Fax (318) 253-5454



## Application for Employment Packet

When submitting your application, please include a copy of the following:

- ♥ Driver's License or State ID
- ♥ Social Security Card
- ♥ High School Diploma or GED or CNA or (3) letters of reference stating you have had paid experience with the elderly or disabled
- ♥ 3 Employment/Verification References
- ♥ Notation from physician stating "Fit for Duty"
- ♥ Any other Diplomas or Certificates (CNA, CPR, Etc.....)

All applications must be completed in Immaculate Heart of Mary's office. For no reason is an application to be given out to be turned in at a later date.

Immaculate Heart of Mary-PCS; LLC

"Where Service Is As Pure As The Heart"

## Application For Employment

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, or physical/mental handicap.

PLEASE PRINT

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

\_\_\_\_\_ LA  
(Mailing) (City) (State) (Zip)

When would you be available to begin work? \_\_\_\_\_

Have you ever worked under another name?  Yes  No  
 If yes, give name(s) \_\_\_\_\_

Have you ever worked for this company?  Yes  No  
 If yes, specify \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No  
 If yes, month and year \_\_\_\_\_ / \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No  
 If no, what is your immigration status? \_\_\_\_\_

Can you work overtime?  Yes  No  
 Can you work shifts?  Yes  No

What type of work are you seeking?  Part-time  Full-time  Temporary

Hours available to work per week \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a felony/misdemeanor crime within the last 10 years?  Yes  No  
 If yes, explain (conviction will not necessarily disqualify you from employment) \_\_\_\_\_

Date Of Application: ____ / ____ / ____
Position Applied For: _____
Social Security Number: ____ - ____ - ____
Date Of Birth: ____ / ____ / ____
Telephone Number: (____) ____ - ____
Salary Expected: \$ _____ per _____

### Education Information

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE STUDIED	# OF YRS COMPLETED	DID YOU GRADUATE	DEGREE / DIPLOM
				D	A
Elementary				__ Y __ N	
High				__ Y __ N	
College				__ Y __ N	
Other				__ Y __ N	

# Immaculate Heart of Mary-PCS; LLC

## Application For Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

PLEASE PRINT

### Employment History

Company Name/Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_

State Job Title and Describe your Work: Job Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason \_\_\_\_\_

Employed (month/year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Hourly Rate: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name/Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_

State Job Title and Describe your Work: Job Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason \_\_\_\_\_

Employed (month/year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Hourly Rate: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name/Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_

State Job Title and Describe your Work: Job Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason \_\_\_\_\_

Employed (month/year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Hourly Rate: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2018</b>	
1 Your first name and middle initial Last name		2 Your social security number			
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		7		7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
Immaculate Heart of Mary PCS, LLC 226 Lyons St Melville, La 71353		9		10 35-2247719	

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household	<b>C</b> _____
<b>D</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b> _____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"</li> </ul>	<b>E</b> _____
<b>F</b>	<b>Credit for other dependents.</b> <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-"</li> </ul>	<b>F</b> _____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	<b>G</b> _____
<b>H</b>	Add lines A through G and enter the total here	<b>H</b> _____

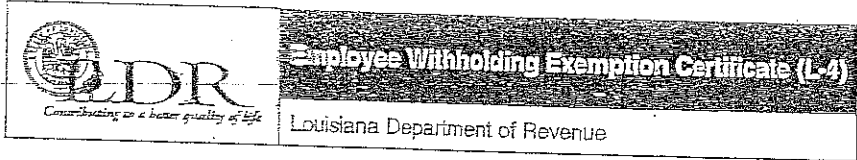
For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

<b>1</b>	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	<b>1</b>	\$ _____
<b>2</b>	Enter: <ul style="list-style-type: none"> <li>\$24,000 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,000 if you're head of household</li> <li>\$12,000 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	<b>4</b>	\$ _____
<b>5</b>	Add lines 3 and 4 and enter the total	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	<b>6</b>	\$ _____
<b>7</b>	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	<b>7</b>	\$ _____
<b>8</b>	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H above	<b>9</b>	_____
<b>10</b>	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____



**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2388, Baton Rouge, LA 70821-2388.

**Block A**

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld. A.
- Enter "1" to claim yourself, and check "Single" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

**Block B**

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0." B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form <b>L-4</b> Louisiana Department of Revenue	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2>
1. Type or print first name and middle initial	Last name
2. Social Security Number	3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married
4. Home address (number and street or rural route)	
5. City	State                      ZIP
6. Total number of exemptions claimed in Block A	6.
7. Total number of dependents claimed in Block B	7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	8.
I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.	
Employee's signature	Date
The following is to be completed by employer.	
9. Employer's name and address Immaculate Heart of Mary 226 Lyons St Met, la 71353	10. Employer's state withholding account number 1581198001



**Global Data Fusion**

*Background Screening*

**BACKGROUND INVESTIGATION AUTHORIZATION  
FOR PERMISSIBLE EMPLOYMENT/TENANCY PURPOSES**

I, \_\_\_\_\_, understand that in connection with the application process, \_\_\_\_\_ will request that Global Data Fusion, LLC, conduct a background check (*consumer report*) on me.

I AUTHORIZE THE COMPANY, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS TO INVESTIGATE MY BACKGROUND AND TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT/TENANCY PURPOSES. I FURTHER AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY ITS AGENTS, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS, TO FURNISH INFORMATION REQUIRED IN CONNECTION WITH THE PREPARATION OF A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT.

My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report to THE COMPANY for employment purposes/tenancy either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment or retention as an employee. I understand my consent remains in effect indefinitely until it has been revoked in writing.

**Background / Consumer Report Authorization**

\_\_\_\_\_  
(Signature & Date)



FOR PERMISSIBLE EMPLOYMENT/TENANCY PURPOSES
BACKGROUND INVESTIGATION DISCLOSURE QUESTIONNAIRE

Please answer the following questions below, only after the authorization is signed on page 1.

hereafter referred to as "The Company", pre-screens all applicants before hiring. This policy was enacted to ensure a professional working environment for our employees, and for the protection of our customers/clients.

APPLICANT NAME:

(First) / (Middle) / (Last)

SOCIAL SECURITY NUMBER: Sex: Race:

ALIASES:

ADDRESS:

/Street/ /City/ /State/ /Zip/

PREVIOUS ADDRESS:

(List all previous address in the last 7 years. Use additional pages if necessary.)

DRIVER'S LICENSE: (number/state) /

DATE OF BIRTH: (month/date/year) / /

LAST SCHOOL ATTENDED: City/State

DEGREE REC'D: YEAR GRADUATED:

PAST EMAIL ADDRESSES USED: (use additional pages if necessary)

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 (TEN) YEARS?

YES NO (If YES, please explain on a separate sheet)

Location of Records: City, State, Year

2. HAVE YOU EVER RECEIVED DEFERRED ADJUDICATION, (Where the final disposition was anything other than "DISMISSED"), FOR ANY CRIME IN THE PAST 10 (TEN) YEARS? THIS INCLUDES ANY PRE-

Your birth date is needed to process your background investigation. Information regarding your birth date is intended solely for purposes of the background investigation and will not be considered in making a hiring decision. I authorize that a telephonic facsimile (FAX) or photocopy of this authorization be accepted with the same authority as the original.





# Global Data Fusion

Background Screening

## BACKGROUND INVESTIGATION DISCLOSURE QUESTIONNAIRE (cont.)

TRIAL DIVERSION PROGRAM.  YES  NO (If YES, please explain on a separate sheet)

Location of Records: City \_\_\_\_\_, State \_\_\_\_\_, Year \_\_\_\_\_

### 3. DO YOU CURRENTLY HAVE ANY OPEN CRIMINAL CASES PENDING

YES  NO (If YES, please explain on a separate sheet)

Location of Records: City \_\_\_\_\_, State \_\_\_\_\_, Year \_\_\_\_\_

### 4. HAVE YOU HAD ANY CRIMINAL CHARGES AGAINST YOU DISMISSED IN THE PAST 7 (SEVEN) YEARS?

YES  NO

Location of Records: City \_\_\_\_\_, State \_\_\_\_\_, Year \_\_\_\_\_

### 5. References:

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

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

City: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Email: \_\_\_\_\_

The information provided by me will be the basis for the search of public records, which will include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, business filings, educational confirmation, articles of incorporation/limited partnership records, and drug test.

I indemnify and hold harmless, THE COMPANY, any of its agents, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold THE COMPANY, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the background report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to The COMPANY and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. Applicant Initials \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ Date \_\_\_\_\_

(By signing, I authorize that a photocopy or facsimile of this form serves as the original)

# IMMACULATE HEART OF MARY-PCS, LLC

Region II  
671 South LA 1  
P.O. Box 505  
Morganza, Louisiana 70759  
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Fax (225) 694-0337

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Region VI  
302 S. Preston St.  
P.O. Box 398  
Marksville, Louisiana 71351  
(318) 253-5400  
Fax (318) 253-5454

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## PCA Criminal Background Consent

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

I, \_\_\_\_\_ (PCA Name) give Immaculate Heart of Mary PCS, LLC consent to release the findings of my criminal background to any recipient that I shall work during my employment. I understand recipients that I work with must know my background history due to I will be working in their homes and caring for them with safety.

\_\_\_\_\_  
PCA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Official Signature

\_\_\_\_\_  
Date

*Immaculate Heart of Mary-PCS; LLC*

**Application For Employment**

Please read before signing.

**Authorization / Release Of Information Form**

I authorize *Immaculate Heart of Mary-PCS; LLC* to make any investigation it deems appropriate concerning me, and authorize any public agency, person, company, organization, doctor, or medical facility to release such information, including information concerning any prior criminal convictions.

I understand that *Immaculate Heart of Mary-PCS; LLC* may have conducted an investigative consumer report concerning my character, general reputation, personal characteristics, and mode of living, and that, upon written request to *Immaculate Heart of Mary-PCS; LLC*, I can obtain information on the nature and scope of such investigation, if any.

I hereby release all parties from all liability for any damage that may result from their providing information to *Immaculate Heart of Mary-PCS; LLC*, regarding my background.

As a condition of employment, or continued employment, I agree and consent to take physical and other examinations when required and such future physical examinations as may be required by *Immaculate Heart of Mary-PCS; LLC*.

I understand that if employed, any misrepresentation or omission of fact on this application shall be considered grounds for my dismissal.

Upon accepting employment, I understand that I must furnish proof of eligibility for employment in the United States as outlined in the U.S. Department of Justice's Form I-9.

I understand that if employed, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and that *Immaculate Heart of Mary-PCS; LLC* may do likewise; I further understand that no representative of *Immaculate Heart of Mary-PCS; LLC* has authority to enter into any agreement to the contrary, unless such agreement is in writing and signed by a management official.

This application will be current for only 90 days. After 90 days, if you still wish to be considered, it will be necessary for you to fill out a new application.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date