



26B Commons Drive • P.O. Box 1168 • Litchfield, CT 06759
(860) 567-4576 • (203) 757-4858 • (800) 453-5337

Dear Registry Applicant:

Following is our registration application. Northwest Home Care, Inc. is a Home Care Service Referral Agency that can assist you in finding work in home care. Once you are registered with our agency, your name will be entered onto our Registry and we will refer you to clients who call for your service.

WE DO NOT EMPLOY INDEPENDENT CONTRACTORS REGISTERED WITH OUR AGENCY. You will be responsible for paying your own taxes on the income you earn from your clients. **YOU WILL NOT BE EMPLOYED BY NORTHWEST HOME CARE, INC.** and therefore, not be entitled to worker's compensation insurance or unemployment compensation. If you have any questions about this, please call the agency before completing this registration form.

Registration Form:

Fill in the information completely. List any work history you have as an **EMPLOYEE** separately from any work history you have as a **SELF EMPLOYED/ INDEPENDENT CONTRACTOR.** (There are two separate sections provided for this information)

PROFESSIONAL REFERENCES: We require three (3) work related references that must include Name, Address and Phone Numbers. Your references must be from individuals who have supervised your work or have been in a position to verify your work habits, reliability and skills. It is your responsibility to obtain permission from each of your references before providing us with their name, address, and phone number. Please contact each reference to let them know that we will be calling them for a reference on you.

INDEPENDENT CONTRACTOR REQUIREMENT: The State of CT now requires that Independent Contractors supply us with at least two (2) of the following credentials to support their independent business: professional liability insurance, workers compensation, tax ID#, business card, copy of advertisement for services provided by you, letterhead stationary or a copy of bill or invoice with your name or business name on it. **REQUIRED CREDENTIALS NEED TO BE SUBMITTED WITH APPLICATION.**

We DO NOT ACCEPT references from family, friends, and co-workers

******** You must sign the Background Check Authorization on Page 2 ********

NOTE: INCOMPLETE FORMS WILL DELAY YOUR REGISTRATION. WE WILL NOT CALL YOU TO DISCUSS ANY ERRORS. IT IS YOUR RESPONSIBILITY TO COMPLETE THE FORM ACCURATELY. If you have any questions, please call us before submitting your application.

Mail the **COMPLETED** form to: **Northwest Home Care, Inc.**
P.O. Box 1168
Litchfield, CT 06759

Please note: When your completed registration is returned to Northwest Home Care, we will process your application and perform your criminal background check. This process can take up to two (2) weeks depending upon how quickly we can contact your references. We'll call you for a personal interview when all your information and references are complete and acceptable.

We look forward to meeting you soon.

Independent Contractor Professional Profile

| | | | |
|-----------------------------|----------------------------|----------------------|----------------------------|
| Hair Dresser _____ | Money Management _____ | Legal Services _____ | Title XIX Assistance _____ |
| Geriatric Assessments _____ | Prescription Refills _____ | Other _____ | |

| | | | |
|--|-------------------|------------------|---------------------------|
| NAME: | Last Name | First Name | Maiden/Middle Initial |
| Mailing Address: | | | |
| City, State, Zip | | | |
| Residence Address: (if different from mailing) | | | |
| Home Phone # | Cell Phone # | Work Phone # | License # (if applicable) |
| Email Address | Social Security # | Federal Tax ID # | |

VERIFICATION – Registry applicant must provide at least two (2) of the following **with application**:

- | | |
|---|--|
| <input type="checkbox"/> Professional Liability Insurance | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Tax ID# | <input type="checkbox"/> Letterhead Stationary |
| <input type="checkbox"/> Business Card | <input type="checkbox"/> Copy of Bill or Invoice with your name or business name on it |
| <input type="checkbox"/> Copy of advertisement for services provided by you | |

EDUCATION- List training and/or education that you have

| | Name of School, City & State | Course of Study | Dates | Degree, Diploma, Certificate or License |
|--------------------|------------------------------|-----------------|-------|---|
| High School | | | | |
| College | | | | |
| Other | | | | |

Have you ever been: Arrested? _____ Convicted of a Felony? _____

Have you ever been convicted of a crime involving violence or dishonesty in a state court or federal court in any state or have you ever been subject to any decision imposing disciplinary action by a licensing agency in the United States, a US possession or territory or a foreign jurisdiction? _____

If yes, please explain:

Authorization for Background Check

I hereby authorize Northwest Home Care, Inc. to perform a criminal background check and inquire of any and all previous work places, public and governmental officials or agencies, law enforcement agencies or any other persons regarding my experience, reputation, character, ability and qualifications. I agree to hold all such persons and/or Northwest Home Care, Inc. harmless with respect to any information they may give, hereby releasing them from any and all liability.

Registrant's Signature: X _____ Date: _____

Are you currently working? _____ May we contact your present workplace? _____

EMPLOYMENT HISTORY-

List below your work history, starting with the most recent **Employer:**

| | | | |
|--------------|-----------|---------|--------------------|
| Company | From Date | To Date | Work Performed |
| Address | | | |
| Phone | | | |
| Contact Name | | | Reason for Leaving |
| | | | |
| Company | From Date | To Date | Work Performed |
| Address | | | |
| Phone | | | |
| Contact Name | | | Reason for Leaving |
| | | | |
| Company | From Date | To Date | Work Performed |
| Address | | | |
| Phone | | | |
| Contact Name | | | Reason for Leaving |

CONTRACTING HISTORY

List below work done as an Independent Contractor or other temporary agency work:

| Dates | Agency or Individual | Location of Work | Rate Charged | Position |
|-------|----------------------|------------------|--------------|----------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

PROFESSIONAL REFERENCES (minimum of 3)

Clients commonly inquire about previous work experience. To help us develop your profile, please supply references from places you've worked.

Personal References such as family, friends, and co-workers ARE NOT ACCEPTED.

Please call our office if you have any questions.

| Reference Name | Mailing Address | Daytime Phone # | Relationship/Business Name |
|----------------|-----------------|-----------------|----------------------------|
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

SKILLS & EXPERIENCE:

Please indicate your experience with each area.

Do not check any area where you have no experience.

| Locations you are willing to travel to: Check or Circle | | | |
|--|--|------------------|--|
| Avon | | Northfield | |
| Bantam | | Prospect | |
| Bristol | | Roxbury | |
| Canaan | | Southbury | |
| Cornwall | | Terryville | |
| Goshen | | Thomaston | |
| Harwinton | | Torrington | |
| Kent | | Washington Depot | |
| Litchfield | | Washington | |
| Middlebury | | Waterbury | |
| Morris | | Watertown | |
| Naugatuck | | Winsted | |
| New Hartford | | Wolcott | |
| New Milford | | Woodbury | |

| Preferences Check off items that pertain to you. Add any additional preferences in the space below | | | |
|---|--|------------|--|
| No Alzheimer's Patient | | No Smoking | |

| Experience: Check or Circle | | | |
|--------------------------------|--|------------------------|--|
| Alzheimer's/ Dementia | | Mentally Disabled | |
| Autistic Children/Adult | | Pediatric | |
| Elderly | | Physically Handicapped | |
| Hospice | | Psychiatric | |

| Facility Type/Work Setting Check or Circle | |
|---|--|
| Assisted Living Centers | |
| Group Homes | |
| Nursing Homes | |
| Private Homes | |
| Rehabilitation Facilities | |

| Languages Spoken | |
|------------------|--|
| Spanish | |
| French | |
| German | |
| Italian | |
| Sign Language | |
| Other: | |

Briefly describe your skills and experience (specific to the geriatric field if applicable):

Please specify the days and times you are typically available

Days and Hours available?

How many miles are you willing to travel for work?

Emergency Contact (name, relationship, & phone #):

How did you hear about Northwest Home Care, Inc.?

Friend _____ Yellow pages _____ Other _____

What other agencies are you registered with as an Independent Care Provider? (name only)

Have any professional liability claims been made against you in the past five years? Yes ___ No ___

If yes, explain: _____

Registrant's Statement

I certify 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 if 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.

Signature of Registrant X _____

For Office Use Only:

Interview Comments: _____
