



Caregiver List Application

Oceana County Council on Aging
4250 W. Tyler Road, Hart, Michigan 49420
(231)873-4461 Fax (231)873-5645

Date of Application: _____
Contact Name: _____
Name of Business if Applicable _____
Street Address: _____ City/Zip: _____
Telephone: _____ E-mail optional: _____

The following information will be used for mandatory criminal background checks prior to being added to the registry.

Date of Birth: _____ Driver's License Number: _____
=====

Please list your employers starting with the most recent:

Employer: _____ Telephone: _____
Address: _____ Supervisor: _____
Position held: _____ Date of employment: _____

Employer: _____ Telephone: _____
Address: _____ Supervisor: _____
Position held: _____ Date of employment; _____

Employer: _____ Telephone: _____
Address: _____ Supervisor: _____
Position Held: _____ Date of Employment: _____

Please list three personal work references (non-related) who can speak regarding your qualifications.

Name: _____ Telephone: _____ Yrs. acquainted _____

Name: _____ Telephone: _____ Yrs. acquainted _____

Name: _____ Telephone: _____ Yrs. acquainted _____

Please read the following carefully and then sign the agreement.

Application and Background Check Information

I certify that the facts in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for removal from the OCCOA Caregiver List Registry.

I authorize the investigation of all statements contained herein and the references listed to give you all information concerning my previous employment or experience.

I understand that you will complete a criminal background check with the Michigan State Police prior to placing my name on the registry.

Signed: _____ Date: _____

Notice to all Caregiver List applicants: Please read the following items closely and sign this form to acknowledge you understand the information provided.

I understand and agree that, if accepted, I will be self-employed and shall not be considered an employee of OCCOA. As such, I will be solely responsible for unemployment compensation contributions and all benefits and other payroll tax matters.

I understand that I am not guaranteed a specific number of work hours or services to be performed. Completing and submitting this application does not mean I will automatically be added into the Caregiver List Registry.

I hereby acknowledge that I fully understand that I am not making an application for employment with the Oceana County Council on Aging but am merely seeking referrals as an independent contractor. If assignments are obtained, I shall neither be an employee nor an agent for said agency, and this agency shall not be responsible for any liability that may be incurred by my own acts.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

All activities of OCCOA are administered without regard to Race, Color, National Origin, Sex, Disability, Age, Political Beliefs or Religion in accordance with Federal/State laws and regulations pertaining thereto.

Caregiver List Registry

Please check all areas that you are interested in and indicate any experience, skills or certificates. Please provide a copy of certificates to the Senior Care Services Coordinator. Information will be gathered and compiled on lists given to potential clients. Remember to indicate the desired rate. Rates will be included on the information sheet sent to clients. Please indicate rate; do not write "NEGOTIABLE."

- Cleaning, pay rate: _____ Comments: _____
- Companion, pay rate: _____ Comments: _____
- Cooking, pay rate: _____ Comments: _____
- Shopping/errands, pay rate: _____ Comments: _____
- Night Care, pay rate: _____ Comments: _____
- Personal Care, pay rate: _____ Comments: _____
- Respite Care, pay rate: _____ Comments: _____
- Hair Styling/cutting, pay rate: _____ Licensed? _____
- Laundry, pay rate: _____ Comments: _____
- Ironing, pay rate: _____ Comments: _____
- Minor Household Repairs, pay rate: _____ Comments _____

- Lawn Maintenance, pay rate: _____ Comments: _____

- Leaf Removal, pay rate: _____ Comments: _____
- Gardening, pay rate: _____ Comments: _____
- Interior painting (walls, window trim), pay rate: _____ Comments: _____

- Driving(local), pay rate: _____ Comments: _____

- Driving (out of town), pay rate: _____ Comments: _____
- Plumbing, pay rate: _____ Licensed? _____
- Electrical Work, pay rate: _____ Licensed? _____
- Window washing (inside/out?), pay rate: _____ Comments: _____
- Snow Removal, pay rate: _____ Shovel or Plow Comments: _____
- I can work weekends, Comments: _____
- I will accept temporary work, Comments: _____
- Other: _____

The Oceana County Council on Aging serves all Seniors age 60 and over in Oceana County including:

- Hart Twp
- Shelby Twp
- Pentwater Twp
- Crystal Twp
- Benona Twp
- Elbridge Twp
- Weare Twp
- Otto Twp
- Claybanks Twp
- Leavitt Twp
- GoldenTwp
- Greenwood Twp
- Newfield Twp
- Grant Twp
- Colfax Twp
- Ferry Twp



Oceana County Council on Aging

Background Screening Consent Form

Full Legal Name: _____
First Middle Last

Address: _____

Race: _____ **Sex:** _____ **Date of Birth:** _____

Any Other Name: _____ First Middle Last

Any Other Name: _____ First Middle Last

Any Other Name: _____ First Middle Last

Reason for Search: Employment/Volunteer

I, _____, authorize and give consent for Oceana County Council on Aging to obtain information regarding myself.

This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries'

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. By signing this document, I am providing the above named organization with my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Signature: _____

Date: _____