



Emerald Coast Companion Services, LLC

Phone: 850-530-6254 – Email: Admin@eccslccares.org
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Background Screening Information, Availability & Employment History

Background Screening

Full Name: _____ Other names you have used (Maiden name, previous marriages, etc.):

Address: _____

Social Security Number: _____ Phone Number: _____ Date of Birth: _____ Birth State: _____

Height: _____ Weight: _____ Eye Color: _____

Availability

When can you start? _____

What is your preferred shift? 7A-7P 7P-7A 7A-3P 3P-11P 11P-7A No preference

Are you able to do live-in or 24 hours shifts? Yes No

What days are you available? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Have you completed the Basic Medication Administration Training Course? Yes No

Do you have a current Validation Certificate? Yes No If yes, what is the expiration date: _____

Have you completed the Prescribed Enteral Formula Administration (PEFA) Training Course? Yes No

Do you have a current PEFA Validation Certificate? Yes No If yes, what is the expiration date: _____

Do you have a current CPR/First Aid Card? Yes No If yes, what is the expiration date: _____

Have you completed the Direct Core Competencies Course? Yes No

Do you have a current HIPPA Training Certificate? Yes No If yes, what is the expiration date: _____

Do you have a current Zero Tolerance Certificate? Yes No If yes, what is the expiration date: _____

Have you experience using a Hoyer Lift? Yes No

Please list any other experience, or equipment training you have related to providing direct care services:

Personal Background

Name: _____ Nickname or Preferred Name: _____

How did you hear about ECCS? _____

When and how did you first contact ECCS? _____

Have you ever worked with ECCS before? Yes No

If yes, why did you leave? _____

Have you passed a level 2 background screen? Yes No If yes, when? _____

Are you allergic to smoke or animals? Yes No If yes, explain _____

Do you have reliable transportation with current registration and insurance? Yes No

Where do you live and what areas are close enough for you to commute for work? _____

Tell me something that you have done that you are proud of while working with or caring for a client or a family member.

Previous Employment

Company Name: _____ Supervisor: _____

Address: _____

Phone Number: _____ Email: _____ Start Date: _____ End Date: _____

Job Title: _____ Start Salary _____ End Salary: _____ May we contact them? Yes No

Responsibilities:

Reason for Leaving:

Company Name: _____ Supervisor: _____

Address: _____

Phone Number: _____ Email: _____ Start Date: _____ End Date: _____

Job Title: _____ Start Salary _____ End Salary: _____ May we contact them? Yes No

Responsibilities:

Reason for Leaving:

Company Name: _____ Supervisor: _____

Address: _____

Phone Number: _____ Email: _____ Start Date: _____ End Date: _____

Job Title: _____ Start Salary _____ End Salary: _____ May we contact them? Yes No

Responsibilities:

Reason for Leaving:

Company Name: _____ Supervisor: _____

Address: _____

Phone Number: _____ Email: _____ Start Date: _____ End Date: _____

Job Title: _____ Start Salary _____ End Salary: _____ May we contact them? Yes No

Responsibilities:

Reason for Leaving:

E-signature:

Date: