



Employment Application

Assured Residential and Consulting, LLC is an equal opportunity employer and does not discriminate against any applicant or employee on the basis of race, color, religion, age (40 and over), gender, national origin, disability, genetic information or any other consideration made unlawful by applicable federal, state or local laws. Assured Residential and Consulting also prohibits harassment of applicant and employees based on any of these protected categories. It is Assured Residential and Consulting's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions. Please answer all questions as completely as possible. We encourage applications from qualified individuals with disabilities. You may request any needed accommodation to participate in the application process.

Note to Applicants: Smoking is prohibited in all indoor areas of Assured Residential and Consulting unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

Personal Information

Name: _____ Position Applied for: _____

Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? Yes No

If yes, please provide the other name(s): _____

Address: _____

Email: _____ Phone Number: _____

Best time to call: _____ Date Available to Start Work: _____

Are you at least 18 years of age? Yes ___ No ___

How were you referred to us? Online A friend Facebook Others

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? ___ Yes ___ No

During the past seven years, have you ever been fired, suspended or asked to resign from a job? Yes ___ No ___

If yes, please explain: _____



Work Availability

(We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)

Will you be available to work Full-Time? Yes No Part-Time? Yes No

Specify the shift or hours you are applying for:

Administrative Staff

Shift Hours

- 1st Shift ----- 8:00 Am to 4:00 PM
- 2nd Shift -----4:00 Pm to 12:00 AM
- 3rd Shift -----12:00 AM to 8:00 AM

Weekend shifts may be 16 hours, Saturday and Sunday

Will you work Saturday? Yes No

Will you work Sunday? Yes No

Can you work overtime when necessary? Yes No

Please indicate any languages, other than English that you are fluent in: _____

Do you have a current Indiana Driver's license? (You may be required to drive while assigned to a client) Yes No
If so, do you have up-to-date vehicle insurance? Yes No

Past Employment or Job-Related Volunteer Experience

(Fill out completely, including unpaid positions, listing most recent position first. You may include any verified work performed on a volunteer basis. Do not list any volunteer organizations if participation in such an organization may reveal your race, national origin, religion, or other protected classification.)

Company or Facility name: _____ Type of Facility: _____

Address: _____

Supervisor: _____ Phone: _____ Compensation (if any): _____

Dates of Employment: _____

Reason for leaving: _____



***Health Professionals Only**

Has your professional license or certification ever been restricted, suspended, or revoked? ___ Yes ___ No

If yes, explain:

*Was this an agency or travel assignment? ___ Yes ___ No

*Specialty Experience: _____

#1 Company or Facility name: _____ Type of Facility: _____

Address: _____

Supervisor: _____ Phone: _____ Compensation (if any): _____

Dates of Employment: _____

Reason for leaving: _____

#2 Company or Facility: _____ Type of Facility: _____

Address: _____

Supervisor: _____ Phone: _____ Compensation (if any): _____

Dates of Employment: _____

Reason for leaving: _____

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? ___ Yes ___ No



Education

	Name, City and State	Type of Degree/Certificate	Did you graduate?
High School			
Nursing/Tech School			
College			
Post-College			
Other Training			

Licensure & Certificates (Health Professionals Only)

Type	State	License Number	Expiration Date	Active (Yes/No)

Additional Information

State any additional information regarding job-related skills, experience, and qualification you feel may be helpful to us in considering your application:

Acknowledgement

PLEASE READ CAREFULLY AND INITIAL:

Initial: _____ I acknowledge that I am applying for a position with Assured Residential and Consulting, LLC. (the "Company").



Initial: _____ I agree that if I am hired by Assured Residential and Consulting, my employment with Assured Residential and Consulting is at-will. Employment at-will may be terminated with or without cause and with or without notice at any time by me or Assured Residential and Consulting. Nothing in this Application, Assured Residential and Consulting's Employee Handbook or in any document or written or statement and nothing implied from any course of conduct shall limit Assured Residential and Consulting's or my right to terminate employment at-will. No manager, supervisor or employee of Assured Residential and Consulting has any authority to enter into an agreement for employment for any specified period of time or to make any agreement for employment other than at-will. Only the Owner, Administrator, or Care Coordinator of Assured Residential and Consulting has the authority to make any such agreement and then only in writing and signed by the Owner, Administrator, or Care Coordinator and me or my authorized representative. I further understand and agree that, except for my-at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Assured Residential and Consulting, LLC.

Initial: _____ I certify that the information contained in this application and any resume I provided or that I furnish during the application process, is true, accurate, complete and correct to the best of my knowledge. I authorize the investigation of all the information I provided in this application and my resume, unless I have indicated otherwise. I understand that any material misrepresentation, falsification or omission of information by me may result in Assured Residential and Consulting refusing to hire me, or if I am hired, to discipline or terminate my employment, regardless of the timing or circumstances of discovery of the false answer(s) or omission(s).

Initial: _____ I acknowledge that due to the nature of Assured Residential and Consulting's business, attendance and punctuality are essential requirements of every job and that poor attendance or tardiness may result in disciplinary action or termination in accordance with applicable law.

Initial: _____ I authorize the references, prior employers, and/or sources I have listed to provide to Assured Residential and Consulting any information concerning my prior experience, including but not limited to information about my work performance, qualifications, character, demeanor or behavior without giving me prior notice.

Initial: _____ During my employment with Assured Residential and Consulting I will treat all confidential information of Assured Residential and Consulting and its clients as strictly confidential, proprietary and belonging to Assured Residential and Consulting. I shall not use, misappropriate, disclose, communicate, reveal or convey (whether directly or indirectly, orally, in writing or otherwise, voluntarily or involuntarily) any confidential information to any person or entity, including for my own use or a third party, except for the advancement of Assured Residential and Consulting's interests in the course of performing my employment obligations. Confidential information shall be protected for so long as such information remains confidential, except for trade secrets which shall be protected in perpetuity. My obligation to protect confidential information shall survive the termination of my employment from Assured Residential and Consulting even if such termination constitutes a wrongful termination of my employment. Assured Residential and Consulting shall be entitled to equitable and legal relief, including an injunction of damages, in the event I breach these confidentiality provisions. I understand that as a condition of my employment I may be required to sign a separate Confidentiality and Non-Disclosure Agreement. Nothing in this policy is intended to prevent my right to discuss wages, hours and working conditions with coworkers, or in any way to limit my right to engage in protected concerted activity protected by law.

Initial: _____ I understand that if hired Assured Residential and Consulting does not guarantee a referral or placement with a client.



Initial: ____ I agree to submit to legally permissible criminal background check upon an offer of employment from Assured Residential and Consulting and prior to starting work. I agree that any offer of employment is contingent upon my receiving clean criminal background check within the statute of limitation.

Initial: ____ I UNDERSTAND THAT THIS APPLICATION WILL BE ACTIVE FOR THIRTY (30) DAYS FROM THE DATE IT WAS MADE AFTER WHICH I MUST REAPPLY FOR FURTHER CONSIDERATION FOR EMPLOYMENT.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Assured Residential and Consulting and me concerning the topics addressed herein and supersedes any prior inconsistent understandings between Assured Residential and Consulting and me on such issues.

Employee Name:
Signature:
Position:
Date:



Work Opportunity Tax Credit
Individual Characteristics Form (ICF)

Clear Form

1. Control No. (For Agency use only)		SWA / AGENCY INFORMATION (See instructions on pg 4)		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION					
3. Employer Name Assured Residential and Consulting, LLC		4. Employer Mailing Address, Telephone No. and Email Address 7202 N. Shadeland Ave Ste 100 Indianapolis, IN 46250 317-426-5948		5. Employer Identification Number (EIN) 831-146-100	
JOB APPLICANT INFORMATION					
6. Applicant Name (Last, First, MI)		7. Social Security Number _____		8. Have you worked for this employer before? YES: <input type="radio"/> NO: <input type="radio"/>	
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION					
9. Employment Start Date		10. Starting Wage		11. Job Position (Title) or SOC (Standard Occupation Classification)	
<p>Directions: Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p>					
<p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <i>primary benefits recipient</i>: _____, and the <i>city and state(s)</i> where benefits were received: _____</p>					
<p>13. Qualified Veteran Check here if the job applicant is a veteran of the U.S. Armed Forces <input type="checkbox"/></p> <p>If the job applicant (veteran) is a member of a family receiving Supplemental Nutrition Assistance Program (SNAP) benefits, enter the name of the <i>primary benefits recipient</i>: _____, and the <i>city and state(s)</i> where benefits were received: _____</p> <p><i>Note: Additional information may be requested to determine the job applicant's qualified veteran eligibility, such as proof of being entitled to compensation for a service-connected disability or having aggregate periods of unemployment.</i></p>					
<p>14. Qualified Ex-Felon Check here if the job applicant is an Ex-Felon <input type="checkbox"/> Check if the job applicant is in a Work Release Program: <input type="checkbox"/></p> <p>Enter date of felony conviction (mm/dd/yyyy): _____ and release date: _____</p> <p>Federal conviction: <input type="checkbox"/> State conviction: <input type="checkbox"/> List applicable state: _____</p>					

15. Designated Community Resident (DCR)

Check if the job applicant is at least age 18 but not age 40 on the hiring date, and resides in a Rural Renewal County (RRC) or an Empowerment Zone (EZ).

Enter job applicant's birthday (mm/dd/yyyy): _____

16. Vocational Rehabilitation Referral

Check here if the job applicant is a Vocational Rehabilitation (VR) Referral

Applicant was referred by (select one of the following): Rehabilitation agency approved by the state;

Employment Network under the Ticket to Work Program; Department of Veterans Affairs

17. Qualified Summer Youth Employee

Check here if the job applicant is a Qualified Summer Youth Employee

Enter the job applicant's birthday (mm/dd/yyyy): _____

18. Qualified Supplemental Nutrition Assistance Program (SNAP) Recipient

Check here if the job applicant is a Qualified SNAP (Food Stamps) Recipient

Enter job applicant's birthday (mm/dd/yyyy): _____

Enter the name of the primary benefits recipient: _____, and the city and state(s) where benefits were received: _____.

19. Qualified Supplemental Security Income (SSI) Recipient

Check here if the job applicant received or is receiving Supplemental Security Income (SSI)

20. Long-Term Family Assistance Recipient

Check here if the job applicant is a Long-term Family Assistance (long-term TANF) recipient

Enter name of the primary benefits recipient: _____, and the city and state(s) where benefits were received: _____.

21. Qualified Long-Term Unemployment Recipient

Check here if the job applicant is a qualified long-term unemployment recipient (LTUR)

Enter city and state(s) where UI claim records / UI wage records were filed: _____

22. Sources used to document eligibility. List all supporting documentation submitted to SWA. Indicate next to each document listed whether it is attached (A) or forthcoming (F). **SWA Staff:** List all supporting documentation used in determining targeted group eligibility for the applicant. Enter your initials and date when the determination was made.

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

23(a). Signature: (See Instructions in Box 23.(b) for who signs this signature block)

23.(b) Indicate who signed this form:
 Employer, Employer's Preparer,
 SWA / Participating Agency,
 Job Applicant,
 Parent/Guardian (if job applicant is a minor)

24. Signature Date:

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form must be used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC). The form may be completed, on behalf of the job applicant, by: 1) the employer or employer's representative, 2) the applicant directly (if a minor, the parent or guardian must sign the form), or 3) a participating agency, and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Eligibility requirements for each targeted group is available on the IRS.gov website. Additionally, information on how to submit certification requests, including WOTC Processing Forms.

Box 1 and 2. **State Workforce Agency (SWA) or Participating Agency.** For agency use only.

Box 3 - 5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer identification number (EIN) of the employer requesting WOTC certification. Note: The EIN number must be a tax-identification number that is registered with the state (where the business is located), so the SWA can establish an employer-employee relationship where wages are paid (and federal taxes deducted). Do not enter information pertaining to the employer's representative, if any.

Box 6 - 11. **Applicant Information.** Enter the applicant's full name and social security number as they appear on the applicant's social security card. For job title (position), enter the job applicant's job title or the corresponding standard occupation classification (SOC). In Box 8, indicate whether the job applicant previously worked for the employer. This information will help the SWA to determine if the job applicant is a first-time, qualifying member of a WOTC targeted group(s). For additional information about non-qualifying rehires see 26 U.S.C. §51(i)(2).

Box 12 - 21. **Applicant Characteristics.** Read statements carefully, check any boxes that apply, and provide additional information where requested. Eligibility requirements for each targeted group is available on the IRS.gov website.

Box 22. **Sources to Document Eligibility.** Employers and SWAs use this box to list the sources used to verify targeted group eligibility. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). SWAs should follow this notation with their initials and the date the eligibility determination was completed. Some examples of acceptable documentation are provided below.

Examples of Documentary Evidence and Collateral Contacts. Employers: You may check with your SWA to find out what other sources you can use to verify targeted group eligibility. (You are encouraged to provide copies of documentation for each checked box).

QUESTIONS 12, 18 & 20

- TANF/SNAP (Food Stamp) Benefit History or Case Number Identifier
- Signed statement from Authorized Individual with a specific description of the months benefits that were received.

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- Letter of Separation or other agency documents issued only by the Department of Veterans Affairs (DVA) on DVA Letterhead certifying the Veteran has a service-connected disability and signed by the individual who verified this information.
- UI Claims Records or UI Wage Records (for unemployed veteran sub-categories)

QUESTION 14

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTIONS 15 & 17

- Birth Certificate or Copy of Hospital Record
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.

To determine if a Designated Community Resident lives in a Rural Renewal County, visit the US Postal Service website: www.usps.com. Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information, then compare the county of the address to the list in the Instructions to IRS 8850 Form. For additional information, see the Instructions for the IRS Form 8850 and the Empowerment Zone (EZ) Locator Tool, available on the dol.gov website.

QUESTION 16

- Vocational Rehabilitation Agency Contact

- Veterans Administration for Disabled Veterans
- Signed letter of separation or related document from authorized Individual on DVA letterhead or agency stamp with specific description of months benefits were received.

QUESTION 19

- SSI Record or Authorization / Evidence of SSI Benefits
- SSI Contact
- For SWAs: To determine eligibility for SSI and/or TTW Ticket Holders, send verification requests to the USDOL designated agency contact.

QUESTION 21

- Unemployment Insurance (UI) Wage Records
- UI Claims Records
- Self-Attestation Form, ETA Form 9175

BOX 22

- List all sources used and provided to the SWA to document targeted group eligibility. **SWA Staff:** List all documentation used to determine/verify eligibility in the targeted group(s) requested by the employer/representative, to reach the final determination.

Note:

1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.
2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. Therefore, the I-9 is no longer a valid piece of documentary evidence.

Box 23 (a). **Signature.** The person who completes the form signs the signature block.

Box 23 (b). **Signature Options.** (a) Employer or their Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (if applicant is minor, the parent or guardian must sign).

Box 24. **Date.** Enter the month, day and year when the form was completed.

Note: An employer's authorized representative can be verified through an executed *Employer Representative Authorization Form* (ETA Form 9198). The representative is able to facilitate WOTC activities, which includes but is not limited to:

- Completing, signing and submitting WOTC processing forms;
- Requesting status application updates;
- Providing clarifying information, including supporting documentation;
- Receiving copies of notices and communications; and
- Submitting employer appeals.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
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For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/I-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C. document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code



**Supplement B,
Reverification and Rehire (formerly Section 3)**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 Instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
<i>Date (mm/dd/yyyy)</i>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
<i>Date (mm/dd/yyyy)</i>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
<i>Date (mm/dd/yyyy)</i>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



***** IMPORTANT EMPLOYEE REQUIREMENTS *****

The State of Indiana Dept. of Health also requires a complete criminal history check prior to employment, and candidates must pass the minimum criminal history background requirements. Please circle the answer to the following questions carefully.

Qualified candidates must provide a minimum of two professional references. Can you provide this information? Yes No

Do you have a minimum of six (6) months professional experience? If no, see administrator to discuss training. Yes No

A clean driving record is required as well as a valid driver's license. Do you meet both of these requirements? If no, see administrator to discuss. Yes No

Can you provide proof of current automobile insurance? If no, see administrator to discuss. Yes No

The State of Indiana, Dept. of Health, requires written documentation of a negative TB test. Can you present this documentation? If no, see administrator to discuss. Yes No

The State of Indiana Dept. of Health also requires a complete criminal history check prior to employment and candidates must pass the minimum criminal history background requirements. Can you submit and pass this check? If no, see administrator to discuss. Yes No

Dress Code: Any facial piercings will need to be removed during shifts. All tattoos that are visible will need to be covered up. You may wear scrubs or casual wear only. No jogging pants/sweat tops, pajamas or dangling jewelry. Failure to comply with the dress code will result in disciplinary actions or possible termination.

I certify that I have read all the questions above and understand and answered all questions honestly and accurately. I understand that my accurate and honest responses are a requirement for consideration for employment with Assured Residential and Consulting, LLC..

Name: _____

Signature: _____

Date: _____

Employee Name:

Employee #:



Availability Agreement

Please list the hours you are available for work each given day. Should your availability change, please make sure to let us know as soon as possible. It will be extremely helpful if you would call in your availability each week, preferably on Monday after 11 am. Please list any alternate numbers that can be used to reach you.

Please understand that Assured Residential and Consulting, LLC. does not guarantee any hours of work at our organization. Assured Residential and Consulting, LLC. will make every effort to notify you of any scheduling changes as soon as we receive communication from the client or family member.

Please understand that due to the variables associated with our business your status with this company is considered "PRN" or "as needed" with no guarantee of hours. Any client you are assisting can stop service with Assured Residential and Consulting, LLC. with a 24-hour notice. Assured Residential and Consulting, LLC. will make our best effort to find you available shifts but again we cannot guarantee any hours. Assured Residential and Consulting, LLC. stands behind our mission to serve individuals passionately with commitment based on availability, skill set, compatibility and other factors. By signing this agreement, you are acknowledging your understanding of Assured Residential and Consulting, LLC.'s availability agreement and realize that Assured Residential and Consulting, LLC. will be offering work throughout Central Indianapolis and surrounding metro areas.

Best numbers to reach you:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME:							
END TIME:							

• Cell Phone: _____

• Email : _____

Printed Name: _____

Signature: _____

Date: _____



Date: _____

Criminal Background and Driving Record Checks Consent

I, _____, understand that Assured Residential and Consulting, LLC. will perform an employment background and driving record checks to determine my suitability for employment. I hereby authorize Assured Residential and Consulting, LLC. to secure the information necessary to make such a decision. I further understand that while an offer of employment will precede any such investigation, employment is contingent upon a determination of my suitability for the position I have been offered.

I certify that I will provide Assured Residential and Consulting, LLC. acceptable documents on my first day of employment to show that I am legally permitted to work in the United States.

By signing this document, I authorize Assured Residential and Consulting, LLC. to conduct a background investigation. I also certify that the information provided in my resume and/or application is accurate, and I understand that any information falsely provided will be sufficient grounds for the immediate termination of my employment.

I hereby authorize the release of the information related to this review, and further release from liability any and all individual and organizations who provide information to Assured Residential and Consulting, LLC. concerning my professional competence, ethics, character, driving record, criminal record (if any), and qualifications and authorize my prior employers to release any such requested information about my employment.

Please note: YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT IF YOU DO NOT PROVIDE THE AUTHORIZATION FOR ASSURED RESIDENTIAL AND CONSULTING, LLC. TO CONDUCT THE BACKGROUND INVESTIGATION IDENTIFIED ABOVE. Date of birth, Social Security number and Driver License Number will be used only to complete the background checks and will not become part of the selection process.

I hereby agree that I have read the above statement and agree that Assured Residential and Consulting, LLC. may perform the needed background consent.

Applicant's Signature: _____

Candidate Name: _____

Assured Residential and Consulting, LLC.

Reference Check

CANDIDATE COMPLETE THIS SECTION:

Reference Name: _____ Title: _____
Email: _____ Company: _____
Mailing Address: _____ Phone: _____ Department: _____

THIS SECTION FOR OFFICE USE ONLY:

Position Held: _____ Employment Dates: _____
Ending Wage: _____

	Above Average	Average	Below Average
Dependability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Accept Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES		NO
Eligible for Re-Hire?	<input type="checkbox"/>		<input type="checkbox"/>
Would You Recommend this Person?	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

Employee Signature _____ Date _____

Candidate Name: _____

Assured Residential and Consulting, LLC.

Reference Check

CANDIDATE COMPLETE THIS SECTION:

Reference Name: _____ Title: _____
 Email: _____ Company: _____
 Mailing Address: _____ Phone: _____ Department: _____

THIS SECTION FOR OFFICE USE ONLY:

Position Held: _____ Employment Dates: _____
 Ending Wage: _____

	Above Average	Average	Below Average
Dependability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Accept Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES		NO
Eligible for Re-Hire?	<input type="checkbox"/>		<input type="checkbox"/>
Would You Recommend this Person?	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

Employee Signature _____ Date _____