

JOHNSON & MULLINGS SERVICES

Selection

Independent Contractors will be selected according to their level of education, their experience in the related field of which they are applying, their ability to pass the background screening, verification of credentials, identity, and good health. Educational requirements for the various contractors are listed in the appropriate sections below.

	YEAR	26	27	28	29	30
DOCUMENTATION	Copy of Driver's license or Florida ID.					
	Copy of Social Security Card					
	Copy of proof that you can legally work in the US					
	Background Screening FDLE, FBI (Level II)					
	Affidavit AHCA					
	Affidavit Elderly Affairs					
	Local Background check (APD)					
	Liability Insurance					
	Physical Exam – FREE FROM COMMUNICABLE DISEASE (Within the last 6 months)					
	Direct Deposit Form					
Valid Certif.	HHA documented training indicating 40 hours +					
	Florida State license for CNAs					
	Florida State Nursing License for RN & LPN					
IN-SERVICES	CPR					
	HIV/AIDS					
	OSHA					
	HIPAA					
	Assistance with self-administration of medication					
	Alzheimer's Disease & Related Dementia					
	Elderly Abuse, Neglect + Exploitation					
	Cultural Competency					
	Disaster Preparedness					
MANDATORY APD	APD Background					
	Affidavit APD					
	First Aid (2yrs)					
	HIVs/aids and Infection Control (annual)					
	Zero Tolerance – Pre-Service Training (3yr)					
	Requirements for all waiver Providers Course					
	Direct Care core Competences					
	High School Diploma.					
	APD HIPAA (annual)					
	4 HRS training (annual)					
	Copy of Auto insurance (If transporting)					
	Copy of Auto Registration (if transporting)					

Employment Application

APPLICANT INFORMATION

Print Full Name: _____ Date: _____
Last First M.I. initial

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Referred by: _____

Date of Birth: _____ Social Security No: _____ Are you 18 years of age or older? YES NO

EMPLOYMENT DESIRED

Position Applied for: _____ Date you can start: _____ Salary Desired: _____

Are you a citizen of the United States? YES NO no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

EDUCATION

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

REFERENCES

Please list 2 professional references and 1 Character Reference

Full Name:	Address / Tel #	Relationship	Years Known

PREVIOUS EMPLOYMENT

1.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

From: ____ / ____ / ____ To: ____ / ____ / ____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If not, why? _____

2.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

From: ____ / ____ / ____ To: ____ / ____ / ____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If not, why? _____

3.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

From: ____ / ____ / ____ To: ____ / ____ / ____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If not, why? _____

EMERGENCY CONTACT

In Case of Emergency
Notify:

_____ Relationship _____
p

Address _____

Phone _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information on my application or interview may result in my disqualification or termination of contract.

Signature: _____ Date: _____



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)
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Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
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Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
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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.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

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
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Signature of Employee	Today's Date (mm/dd/yyyy)
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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.

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

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.	First Day of Employment (mm/dd/yyyy):
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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.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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-	-							
OR								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </table>					-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

JOHNSON & MULLINGS SERVICES INC
6412 N UNIVERSITY DR Suite 119. Tamarac FL 33321
Phone: 954-804-9376 / Fax: 954-726-6723

REFERENCE REQUEST

Reference Name: _____ Telephone: _____

Agency Name: _____ Fax: _____

I, _____ have applied to JOHNSON & MULLINGS SERVICES INC for a position as a/an _____ . I authorized you to respond to the questions below so that they may act on my application. I release you from all liabilities supplying this information regarding my employment with you.
I work for you from ____/____/____ to ____/____/____.

APPLICANT SIGNATURE _____ **DATE** _____

Applicant, DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY FORMER EMPLOYER:

Is the above information correct? Yes _____ No _____

If NO, please explain: _____

Would you rehire? Yes _____ No _____

If NO, please explain: _____

	EXCELLENT	VERY GOOD	GOOD	POOR
JOB SKILL				
JOB KNOWLEDGE				
INITIATIVE				
ATTENDANCE				
ABILITY TO WORK WITH OTHERS				
JUDGEMENT				
HONESTY				
ABILITY TO ACCEPT DIRECTION				
GROOMING AND APPEARANCE				
TIME MANAGEMENT				

Comments _____

Signature: _____

Title: _____

Date: _____