



Office located at: 900 SE 3<sup>rd</sup> Ave ♦ Ste 205 ♦ Fort Lauderdale ♦ FL ♦ 33316

## Be a Caregiver in South Florida

**If you are looking for a Home Health job in South Florida, we can offer you a rewarding career. We have been providing quality home care services in Florida for several years and are looking for qualified CNAs, Home Health Aides, Homemakers and Companions for referral and placement.**

**You may work part-time, full time or with a live-in schedule.**

Services performed by our Caregivers generally include anything within reason to assist with the promotion of a positive quality of life for the care recipient. Services performed must be in compliance with applicable Florida Statutes for your occupation, training, license and certifications.

Services for the care recipient can include:

- light housekeeping and laundry,
- general shopping and running errands,
- meal planning, preparation and clean-up,
- companionship and conversation,
- reading, letter writing, assistance with entertainment, visiting neighbors and friends,
- clothing selection assistance, dressing and grooming guidance
- appointment reminders, picking up prescriptions, providing escort to appointments,
- providing escort to lunch or dinner,
- answering telephone or the door, overseeing home deliveries,
- providing medication reminders, assistance with self-administration of medication
- personal care
- Assistance with ambulation, physical transferring
- Other assistance to help cope with the routines of everyday life

Please complete this application and background screening form. You can submit your forms by fax, mail, email or you can deliver them to our office. We will call you as soon as your forms are reviewed.

**To Fax forms: Fax all completed forms to 954-768-0158.**

**To Mail forms: Mail your completed forms to:**

**Visiting Angels**

**900 SE 3<sup>rd</sup> Avenue, Suite 205**

**Fort Lauderdale, FL 33316-1153**

**To Bring forms to our office: Call for an appointment 954-527-8888**

**To Email forms: Email your completed forms to [info@browardcaregivers.com](mailto:info@browardcaregivers.com)**

This Agency is licensed by The State of Florida # 30211310 & 229050

900 SE 3<sup>rd</sup> Ave ♦ Ste 205 ♦ Fort Lauderdale ♦ FL ♦ 33316

Local Phone 954-527-8888 ♦ Toll Free Phone 888-527-8882 ♦ Fax 954-768-0158



## Information/Document Checklist to Complete File

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(circle) CNA, HHA, Homemaker, Companion, RN, LPN

Documents needed for our records:

- Application - Completed and signed
- Background form signed-Screening fee of \$36 (or \$60 if FDLE screening must also be done) will be deducted from your compensation
- Driver's License (or photo ID including date of birth)
- SS card (or INS Authorization to work)
- Car Insurance-current (need if you will be driving Care Recipient)
- Professional Liability Insurance
- License (for RN or LPN)
- Certificate (for CNA)
- HHA Training Certificate (for HHA)
- Optional - "Assisting with Self-Admin of Meds" (2hr Training)
- Health Statement signed by Physician within last 6 months
- TB Complete within last 6 months
- CPR - Received from Red Cross or American Heart - copy front and back of card – must be signed

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**CAREGIVER QUESTIONNAIRE – CONFIDENTIAL**

For Visiting Angels Located at 900 SE 3<sup>rd</sup> Ave ♦ Ste 205 ♦ Fort Lauderdale ♦ FL ♦ 33316

**Personal Information**

Please enter your full legal name as it appears on your Social Security Card.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best time of day to reach you: \_\_\_\_\_

Other names under which you have been employed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Discipline (circle):** HHA, CNA, Companion, Homemaker, RN, LPN

Other discipline (list): \_\_\_\_\_

Current specialty (if applicable): \_\_\_\_\_

**How did you hear about Visiting Angels?**

Internet  Friend  Newspaper  Church  TV  Other

Please provide specifics: \_\_\_\_\_

**Date available to work:**

Hours of Availability:  Morning,  Afternoon,  Evening,  Overnight,  Weekends,  Live-in

**Address Information:**

Street address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

**Emergency Contact**

Name of contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

**Have you applied for a position with us previously?** \_\_\_yes \_\_\_no

If yes, when did you apply? \_\_\_\_\_

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**Transportation:** Some caregiving positions require either a car or valid driver's license, including current and valid auto insurance coverage.

Do you have an automobile?  Yes  No

Make and Model: \_\_\_\_\_ Car license plate number: \_\_\_\_\_ State: \_\_\_\_\_

Drivers license number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Insurance agent phone: \_\_\_\_\_

Insurance agent name: \_\_\_\_\_ Insurance policy number: \_\_\_\_\_

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**License/Registration/Certification**

**License:** (if you have more than two, please list on separate paper)

License type: \_\_\_\_\_ License number: \_\_\_\_\_

State/Province: \_\_\_\_\_ Expiration date: \_\_\_\_\_

License type: \_\_\_\_\_ License number: \_\_\_\_\_

State/Province: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other License listed on separate paper? \_\_\_yes \_\_\_no.

Certification:

Check all applicable certifications and enter date (mm/dd/yyyy):

CNA Certificate Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

Home Health Aide training course Date completed: \_\_\_\_\_

Assist with Self-Admin of Meds training course Date completed: \_\_\_\_\_

CPR (American Heart or Red Cross) Date completed: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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**Additional Information**

Has your license or certification ever been investigated or suspended?  Yes  No

If yes, please give details and current status: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? (Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, eradicated, dismissed, or overturned, and California Health & Safety Code 11357(b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions in California over 2 years old, should not be revealed.)

Yes  No

If yes, please give details and current status: \_\_\_\_\_

Have you ever been named as a defendant in a professional liability action?  Yes  No

If yes, please give details and current status: \_\_\_\_\_

Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.?

Yes  No

If No, please give details and current status: \_\_\_\_\_

If you will be employed on visa, please specify type of work visa: \_\_\_\_\_

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**Experience**

Describe training or experience with seniors/elderly, homebound individuals or patients: \_\_\_\_\_

\_\_\_\_\_

What do you like the most about working with care recipients? \_\_\_\_\_

\_\_\_\_\_

What do you find the least desirable about working with care recipients? \_\_\_\_\_

\_\_\_\_\_

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**Education**

High School name: \_\_\_\_\_

Graduation or GED date: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Professional education/College name: \_\_\_\_\_

Graduation date: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Professional education/College name: \_\_\_\_\_

Graduation date: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

**Languages**

Other than English, you are fluent in these languages: \_\_\_\_\_

**Organizations**

List name, address, phone, for any non-profit volunteer organizations with which you are associated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Employment history

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer. Please list each facility in which you have worked. Attach separate paper if needed.

May we contact your present employer?  Yes  No

1. First (most recent) facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Current employer?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,  
Nurse Assistant, PCA, other \_\_\_\_\_

Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_

Local staff agency:  Yes  No

2. Second facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Current employer?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,  
Nurse Assistant, PCA, other \_\_\_\_\_

Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_

Local staff agency:  Yes  No

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3. Third facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Current employer?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,

Nurse Assistant, PCA, other \_\_\_\_\_

Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_

Local staff agency:  Yes  No

4. Fourth facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Current employer?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,

Nurse Assistant, PCA, other \_\_\_\_\_

Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_

Local staff agency:  Yes  No

5. Fifth facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Current employer?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,

Nurse Assistant, PCA, other \_\_\_\_\_

Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_

Local staff agency:  Yes  No

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6. Sixth facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
 Current employer?  Yes  No  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,  
 Nurse Assistant, PCA, other \_\_\_\_\_  
 Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_  
 Local staff agency:  Yes  No

7. Seventh facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
 Current employer?  Yes  No  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,  
 Nurse Assistant, PCA, other \_\_\_\_\_  
 Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_  
 Local staff agency:  Yes  No

8. Eighth facility/employer:

Facility/employer name: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
 Current employer?  Yes  No  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position held/Discipline (circle): HHA, CNA-eligible, CNA-certified, Companion, RN, LPN,  
 Nurse Assistant, PCA, other \_\_\_\_\_  
 Unit/Floor/Dept: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Travel assignment:  Yes  No Travel company/Agency: \_\_\_\_\_  
 Local staff agency:  Yes  No

Other facility/employers on separate paper? \_\_\_yes, \_\_\_no.

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**Personal References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Certification and Release**

I certify that I am the applicant and the information provided in this application is true in fact and no misrepresentation of me has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time. I authorize Visiting Angels to verify any and all information contained within this application, but not limited to, background screening and motor vehicle driving records and to release information in support of my application (application, references, background search results, etc.) to Visiting Angels' clients. Visiting Angels may also share information regarding my employment, background screening and driving record with its affiliates and appropriate governmental or licensing entities; and send me information at fax numbers or email addresses that I provide. I release all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing or sharing this information. I understand that the use of illegal drugs is prohibited and I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during participation in the Visiting Angel's referral and placement program or employment. Restrictive Covenant: I agree not to do business directly with any individual or business entity that Visiting Angels has introduced to me or by entering into employment with such individuals or businesses without written permission of Visiting Angels.

Your Independent Status: You will be independent in your relationship with us. No agency, employment or partnership is created between VABC, Inc. DBA Visiting Angels and yourself. You also agree that you are responsible for self-employment taxes, including estimated taxes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize Visiting Angels Broward or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information. Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I authorize Visiting Angels to share the results of this background investigation with its clients and appropriate governmental or licensing entities. I also understand I may be required to take a drug test before or during employment. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ **\*DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*DOB is optional and is only used for identification purposes in screening inquiries*

**LIST ALL ADDRESSES FOR PAST 7 YEARS: ( check here if more on separate paper)**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  **YES**  **NO**

*This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on separate paper. (Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, eradicated, dismissed, or overturned, and California Health & Safety Code 11357(b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions over 2 years old, should not be revealed.)*

Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Ref: \_\_\_\_\_ For Visiting Angels Broward Office Use ONLY Date Requested: \_\_\_\_\_**

Fax to: 904.241.0601 or 877.835.5787 Please carry out the services indicated below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Residence Trace                      | <input type="checkbox"/> Statewide Criminal (State _____) | <input type="checkbox"/> Employment             |
| Verifications*  |   |   |
| <input type="checkbox"/> Residence Trace with 7-year Criminal | <input type="checkbox"/> County Criminal (County _____)   | <input type="checkbox"/> Employment References* |
| <input type="checkbox"/> Residence Trace with 7-year Criminal | <input type="checkbox"/> County Criminal (County _____)   | <input type="checkbox"/> Personal References*   |
| + Discovery   | <input type="checkbox"/> County Criminal (County _____)   | <b>(*attach job application)</b>                |
| <input type="checkbox"/> Discovery                            | <input type="checkbox"/> Driving History                  | <input type="checkbox"/> Other _____            |

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