



APPLICANT RELEASE FORM

Convenient Home Care Services Inc.

681 Main Street Suite 2-11, Waltham, MA 02451 781-642-0880 • Fax 781-642-0882
 Email: chc.services@yahoo.com • Web: convenienthomecare.com

Attn: _____

_____ Date

The applicant listed below has submitted a certification from your organization. It is the policy of Convenient Home Care Services, Inc. to verify all certifications and licenses from our applicants as part of our pre-employment screening. Please verify the certification(s) listed below. Please sign off the bottom of this form for verification and fax back to 781-894-2316 or mail to 65 Calvary Street, Waltham, MA 02453.

Release

I, _____ hereby authorize the verification of my Nurses Assistant Certification and/or Home Health Aide Certification and release of any other pertinent information in regards to my certification(s) to Convenient Home Care Services, Inc.

Certification(s): HHA CNA

_____ Applicant Signature

_____ Date

_____ Applicant Name *(Please Print)*

_____ Address

_____ City State Zip code

Verification

This applicant's certification has been verified.

_____ Authorized Signature

_____ Date

This applicant's certification CANNOT be verified.

_____ Authorized Signature

_____ Date

I can be reached at: (_____) _____ - _____ Ext. _____

_____ Organization Name