



HAAS

Holistic Array of Authentic Services

Providing high quality Homecare services

Mailing Address: 3813 51st Avenue North, Brooklyn Center, MN 55429

Physical Address: 3300 County Road 10, # 208, Brooklyn Center, MN 55429

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Personal Care Attendant - PCA Background Check Intake Form

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female _____ Male _____

Place of Birth – City: _____ State or Country: _____

Social Security Number: _____ Phone Number: _____

Drivers License No: _____ State issued: _____ Expiration Date _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Address: _____

State: _____ Zip Code: _____ County: _____

Are you a US Citizen? Yes _____ No _____

If not, are you lawfully able to work in the US? Yes _____ No _____

Have you lived outside of Minnesota in the last 5 years? Yes: _____ No: _____

If you lived elsewhere, where? _____

From date: _____ To date: _____

Email Address: _____

I _____, acknowledge that the above personal information is true and correct and I give my consent to Holistic Array of Authentic Services (HAAS) to check my background.

****Please know that there might be a fingerprinting requirement after submitting your background check request. It is your responsibility to complete it by going to only one of the places on the list, we are providing to you today.*

*Without clearances of your background check and your fingerprint we will not able to start your employment process with HAAS. ****

Signature

Date

*****Please submit with a copy of a valid id (driver's license or state id card and a copy of your Social Security Card or any document verifying your lawful work status.) *****