

Aloha Habilitation Services

100 Kahelu Avenue, Suite 110, Mililani, Hawaii 96789

(808) 622-4200 • Fax (808) 622-4211

www.alohahab.com / info@alohahab.com

Name : _____

Application Date: _____

Start : _____ End : _____

INDEPENDENT CONTRACTOR APPLICATION CREDENTIALS LIST

1) Pre-Hire (Completed During Application Process)

_____ Personal Information Sheet (All sections must be completed)

_____ Resumé

_____ **2-STEP** TB Clearance Card** (EXP: _____ HR INITIALS: _____)

_____ TB Screening Evaluation Report (*Required if positive TB only*)** (EXP: _____ HR INITIALS: _____)

_____ Health Report Form** (EXP: _____ HR INITIALS: _____)

_____ First Aid / CPR** (EXP: _____ HR INITIALS: _____)

_____ Fieldprint** (FBI Fingerprint and APS/CAN Screen with Criminal History included)
(www.fieldprinthawaii.com / **CODE: FPAlohaHS25**)

(^{1ST} COMPLETED: _____ RENEW ON ~OR~ BEFORE: _____ HR Initial: _____)

2) Post-Hire (**Will Not Start Rendering Services Until All Is Completed**)

_____ Comprehensive General **OR** Professional Liability Insurance** (www.hpsso.com)
(EXP: _____ HR INITIALS: _____)
(*\$1,000,000 for Bodily Injury and Property Damage per occurrence*) and *Professional Liability Insurance*
(*\$1,000,000 when professional services are rendered, i.e. Skilled Nursing*)

_____ Automobile Liability Insurance Declaration Policy** (EXP: _____ HR INITIALS: _____)
(**Must have coverage limits as followed: Bodily Injury Liability of \$100,000/\$300,000 and Property Damage Liability of \$50,000**)

_____ Traffic Abstract (EXP: _____ HR INITIALS: _____)

_____ General Excise Tax License (Business Start Date: _____ Hawaii Tax ID Number: W _____)

_____ State and Federal Tax Clearance (<https://vendors.ehawaii.gov>)
(EXP: _____ HR INITIALS: _____)

_____ Hawaii Nursing License (RN, LPN, CNA), if available** (EXP: _____ HR INITIALS: _____)

_____ Social Security Card

_____ Licensed Home Certification (Adult Foster, DD/DOM Home, Adult Residential Care Home, Expanded ARCH) ** (EXP: _____ HR INITIALS: _____)

_____ Driver's License** (EXP: _____ HR INITIALS: _____) ~ **OR** ~
State I.D.** (EXP: _____ HR INITIALS: _____)

_____ Automobile Registration (EXP: _____ HR INITIALS: _____)

_____ Safety Check (EXP: _____ HR INITIALS: _____)

_____ 1) Contract Agreement (EXP: _____ HR INITIALS: _____), 2) Form W-9 _____, 3) Voluntary Election to be an Independent Contractor _____, and 4) Policies on Abuse/Criminal History Background Checks (EXP: _____ HR INITIALS: _____)

_____ Orientation Packet**

ALOHA HABILITATION SERVICES, INC.
100 Kahelu Avenue, Suite 110, Mililani, Hawaii 96789
Phone: (808) 622-4200 • Fax: (808) 622-4211
Website: www.alohahab.com • Email: info@alohahab.com

Hire Date:	End Date:
Renewed:	
FOR OFFICE USE	
Date:	
Job/Position Applying For:	

PERSONAL INFORMATION

GENERAL INFORMATION:

Name	Social Security No.	
Address	Telephone No.	
City	State	Zip Code
Email		

REFERENCES: (NOT RELATIVES)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

AVAILABILITY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
to	to	to	to	to	to	to
to	to	to	to	to	to	to
to	to	to	to	to	to	to
to	to	to	to	to	to	to

OTHER:

Do you know anyone presently working for our company? Yes ____ or No ____ If so, who? _____

I certify that all statements made on this information sheet are true and complete to the best of my knowledge. Further, I hereby authorize any investigation of the above information for purposes of consideration.

This information sheet is not a contract and cannot create a contract.

Application Date

Applicant's Signature



ALOHA HABILITATION
SERVICES, INC.



100 Kahelu Avenue, Suite 110
Mililani, HI 96789



(808) 622-4200
(808) 622-4211 fax



info@alohahab.com



www.alohahab.com

HEALTH REPORT

Name: _____	Birth Date: _____	Age: _____
Address: _____	Telephone No.: _____	
_____	Work No.: _____	

Height: _____	Blood Pressure: _____
Weight: _____	Heart Rate: _____
1. Communicable Diseases: _____	
2. Any significant history of chronic or disabling illness, surgery, or other recent illness, which would affect this person's ability to care for people with developmental disabilities / intellectually disabled? _____	
3. Does this person have any restrictions? ____ Yes ____ No If yes, please explain: _____	
4. In your opinion, is this person able to cope with the added strain and responsibilities of caring for people with developmental disabilities / intellectually disabled? ____ Yes ____ No If no, please state reason(s): _____	

_____ Signature of Medical Provider	_____ Name of Medical Provider (Please Print)
Date of Exam: _____	Phone Number : _____



ALOHA HABILITATION
SERVICES, INC.



100 Kahelu Avenue, Suite 110
Mililani, HI 96789



Office: (808) 622-4200
Fax: (808) 622-4211



info@alohahab.com



www.alohahab.com

TUBERCULOSIS (TB) SCREENING CLEARANCE CERTIFICATE

NAME: _____ BIRTH DATE: _____
ADDRESS: _____
PHONE: _____ MOBILE: _____

This is your certificate of the tuberculosis (TB) examination which attests that you are free of communicable TB at this time. This certificate fulfills TB clearance requirements per Hawaii Administrative Rules Title 11, Chapter 164, Department of Health, August 2001.

☐ One-Step Tuberculin Skin Test ☒ Two-Step Tuberculin Skin Test

TB Test Result(s)

Tuberculin Skin Test

1st Date Given: _____ Site: L R By: _____

Date Read: _____ Induration: _____ mm By: _____

Result: ☐ Positive ☐ Negative

2nd Date Given: _____ Site: L R By: _____

Date Read: _____ Induration: _____ mm By: _____

Result: ☐ Positive ☐ Negative

Chest X-ray (Radiologist's report is attached)

Date: _____ Reading: _____

Referred to Lanakila Comprehensive Health Center for follow-up: ☐ Yes ☐ No

Print Name

Date of Exam

Signature and Title of Physician / Physician Assistant / APRN

Address: _____

Phone Number : _____

Fax Number : _____

**** TB SCREENING EVALUATION REPORT ****

This form must ONLY be used if you have had a
history of positive Tuberculosis

~ And ~

2-Step TB Skin Screening CANNOT be
completed.



ALOHA HABILITATION
SERVICES, INC.



100 Kahelu Avenue, Suite 110
Mililani, HI 96789



Office: (808) 622-4200
Fax: (808) 622-4211



info@alohahab.com



www.alohahab.com

TUBERCULOSIS (TB) SCREENING EVALUATION REPORT

(This form needs to be used by the individual who have had a **positive skin test** and **1 negative chest x-ray**)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

All individuals who have previously tested positive and were found to be free of active TB based on a standard chest X-ray and with appropriate medical examination shall be screened for symptoms consistent with pulmonary TB at the time of the annual evaluation.

TB Clearance Symptom Check

Positive (+) TB Skin Test → Date: _____

Negative (-) Chest X-Ray → Date: _____

Are any of the following symptoms present?

YES

NO

Productive cough of 3 weeks or more duration

☐☐

Fever

☐☐

Night Sweats

☐☐

Weight Loss

☐☐

Malaise / Fatigue

☐☐

Hemoptysis

☐☐

Comments: *(Please check one of the following)*

☐

Referred for chest x-ray to rule out TB

☐

Does not visibly appear to have any symptoms of TB

☐

Other (Please Explain): _____

Print Name

Date of Exam

Signature of Physician / Physician Assistant / Advanced Practice Registered Nurse (APRN)

Address: _____

Phone Number : _____

Fax Number : _____



ALOHA HABILITATION
SERVICES, INC.



100 Kāhala Avenue, Suite 110
Diliiani, Hawaii 96789



(808) 622-4200
(808) 622-4211 fax



info@alohahab.com



www.alohahab.com

FIELDPRINT HAWAII

To schedule an FBI Fingerprinting, APS/CAN, and Criminal History appointment:

1. Visit www.fieldprinthawaii.com
2. Click the red ***"Schedule An Appointment"*** button on the right.
3. Enter an email address under the ***"New Users/Sign Up"*** and click the ***"Sign Up"*** button. Follow the instructions to create a Password and Security Question and then click "Sign Up and Continue."
4. Select ***"I Know My Fieldprint Code"*** and enter the code provided to you. Enter the highlighted code –

FBI FINGERPRINT, APS/CAN, AND CRIMINAL HISTORY CODE: FPAlohaHS25

COST: \$68.00

At this point, you are ready to enter your demographic information and schedule a Fingerprint appointment at the location of your choosing or request the name based APS and CAN checks.

5. At the end of the process, ***print the Confirmation Page. Take the Confirmation Page with you to your Fingerprint appointment, along with two (2) forms of identification. At least one form of ID must be a valid, government issued photo ID, such as a driver's license.***
6. You **HAVE** to use Aloha Hab's Code in order to complete the screening. Aloha Hab **CANNOT** accept results from another agency.

Fieldprint has representatives available at 1-877-614-4364 to answer your questions Monday through Friday, 8 AM to 8 PM Eastern Time. After the backgrounds have been processed, applicants will receive an email notification when the results are ready to be viewed on www.fieldprinthawaii.com or <http://www.fieldprinthawaii.com>.

