

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

**CREDENTIALS NEEDED FOR HIRE**

**HOME CARE NETWORK, INC.**



**RN and LVN:**

*Driver's License  
Social Security Card  
CPR  
Professional License  
TB Testing  
Car Insurance*

**AIDES:**

*Driver's License  
Social Security Card  
CPR  
CNA/HHA Cert.  
TB Testing  
Car Insurance*

**OFFICE STAFF**

*Driver's License  
Social Security Card  
Car Insurance*

*(PT, OT, ST, and SW need same credentials as RN and LVN)*

**PLEASE HAVE ALL YOUR CREDENTIALS LISTED ABOVE  
AVAILABLE WHEN FILLING OUT APPLICATION.**

*(All applications will be kept on file for 3 months)*

**Thank You!**

Ph: 972-270-2000  
Fax: 972-613-3435