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Toll Free: (800) 400-0727 ▪ Web: [www.homeandhealthcaremgmt.com](http://www.homeandhealthcaremgmt.com) ▪ Email: [info@homeandhealthcaremgmt.com](mailto:info@homeandhealthcaremgmt.com)

## OIG / EPLS VERIFICATION FORM

An Equal Employment Opportunity Employer

*PLEASE PRINT, AND COMPLETE IN FULL AND INCLUDE WITH EMPLOYEE APPLICATION FORM*

In order to work for Home and Health Care Management, we must perform as part of our background check verification that your name is not listed on the Excluded Party Listing Service (EPLS) as well as the Office of Inspector General (OIG) list. In order to verify your name we must have your social security number and in some cases your birth date to perform this verification. We cannot make a job offer without first running your name and personal identifying data thru these listing services to verify that you are not listed. Applicants may be denied employment solely on the grounds of being listed on these lists. Please provide the following information to us in order to perform the verification. This information will be kept in the strictest confidence in our human resources department.

Name _____		
(Last)	(First)	(Middle)
Other name(s) under which you have been educated or employed. _____		
Telephone Number (____) _____	Other Number (____) _____	
Social Security Number: _____ - _____ - _____	Birth date: _____ (month/day/year)	