

W&W HEALTHCARE, INC.

195 Crystal Ridge Drive
Crystal Lake, IL 60012
Phone: (815) 477-0976
FAX: (815) 477-2460

WORKPLACE SAFETY

I, the undersigned applicant, have received, read, and fully understood the information on OSHA regulations for Universal Precautions and Bloodborne Pathogens, Hepatitis B, Tuberculosis, Back Safety, Infection Control, and Disaster and Fire Protocols.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

CRIMINAL BACKGROUND CHECK

I, the undersigned, give W&W HEALTHCARE, INC., consent to perform a criminal background check through the Illinois State Police.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____