

APPLICATION FOR EMPLOYMENT

Personal Care Attendant Applicants

We Love Seniors Home Health Care, llc is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

PERSONAL	Last Name		First Name		Middle Name		Home Phone () -	
	Address				Apartment Number		Cell/Pager () -	
	City		State	Zip	Email address			
	SS # - -		Date of Birth		Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	How were you referred?							
	<input type="checkbox"/> Ad – Name of Publication: _____				<input type="checkbox"/> Internet - Site: _____.			
	<input type="checkbox"/> Employee referral - Name: _____				<input type="checkbox"/> Other - Name: _____.			
	Name of relatives working at We Love Seniors Home Health Care, llc:							
	<p>A background screening via the Family Care Safety Registry must be performed prior to first day. Please disclose all criminal convictions, findings of guilt, pleas of guilt, and pleas of nolo contendere to any misdemeanor or felony charge, to include any suspended imposition of sentence, suspended execution of sentence or period of probation or parole, or provide a statement that there is no record of such background. Failure to disclose any criminal information is a violation of the law. All convictions will be identified by the FCSR, including convictions more than 10 years ago. If the answer is no, provide an explanation.</p> <p>Have you been convicted or plead “no contest” to any criminal offense(s) within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” indicate: nature of offense, date, court and disposition. (A conviction will not necessarily disqualify you from consideration for employment.</p> <p>Are you registered with the Family Care Safety Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on the Employee Disqualification List (EDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for a Good Cause Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p>							
	Person to Notify in Emergency:							
Address:						Phone:		

POSITION	Position Desired:		Salary Desired:	
	Is there anything that will interfere with your ability to perform on a regular basis, the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why: _____			
	Have you previously applied at We Love Seniors Home Health Care, llc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		Date Available:	
	Days Available <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Check all boxes you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
	Hours Available		What is your Shift Preference? Please Indicate 1 st , 2 nd and 3 rd ___ Days ___ Evening ___ Nights ___ Weekends	
	List areas and/or distances you are willing to travel			

EDUCATION AND TRAINING	Type of School	School and Location	Dates attended	Degree Earned	Course of Study or Major
	High School or GED				
	Vocational or Technical				
	College/ University				
	Graduate School				
	Other Courses and Training				
	Military				

Applicant Name:		Date:
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EMPLOYMENT HISTORY	Begin with your most recent position: This section must be completed even if a resume is attached.			
	Company Name		Company Address	
	Supervisor Name		Supervisor Phone No. ()	Reason for Leaving
	Position Title		Employment Dates: to	Number of Hours per week Last Wage
	Duties			
	Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name		Company Address	
	Supervisor Name		Supervisor Phone No. ()	Reason for Leaving
	Position Title		Employment Dates: to	Number of Hours per week Last Wage
	Duties			
	Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name		Company Address	
	Supervisor Name		Supervisor Phone No. ()	Reason for Leaving
	Position Title		Employment Dates: to	Number of Hours per week Last Wage
	Duties			
	Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all Periods of Unemployment of 30 days or greater and Explain:				
Apprenticeship programs, special skills, languages Explain:				

PROFESSIONAL REFERENCES	Name:		Relationship:		Years Known:	
	Address:			City:	State:	Zip code:
	Phone Number:		Company:		Occupation:	
	Name:		Relationship:		Years Known:	
	Address:			City:	State:	Zip code:
	Phone Number:		Company:		Occupation:	
	Name:		Relationship:		Years Known:	
	Address:			City:	State:	Zip code:
	Phone Number:		Company:		Occupation:	

List any additional information that you feel may be helpful to us in considering your application.

EMPLOYMENT AGREEMENT	<ol style="list-style-type: none"> I certify that all information given by me on this application and attached resume (if applicable) is true, complete and correct to the best of my knowledge. I understand that if I am employed, discovery that I gave false or misleading information during the application process may result in immediate dismissal. I authorize We Love Seniors Home Health Care, llc to solicit information regarding my character, general reputation, criminal history, previous employment, education, military service, and similar background information, and to contact any and all references I have given on my application and resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release We Love Seniors Home Health Care, llc from any liability for future references it may provide regarding my work history with We Love Seniors Home Health Care, llc. I understand that We Love Seniors Home Health Care, llc is an "at-will" employer. I understand that my employment can be terminated with or without cause, and with or without notice at any time, at the option of either We Love Seniors Home Health Care, llc or myself. I hereby acknowledge that I have read and understand the preceding statements.
	<p>I hereby acknowledge that I have read and understand the preceding statements.</p> <p>Applicant Signature _____ Date _____</p>

APPLICATION FOR EMPLOYMENT

AUTHORIZATION FOR RELEASE OF INFORMATION AND CRIMINAL RECORDS CHECK

Please Print

Legal Last Name	Legal First name	Legal Middle Name		
List Any Names, Aliases or Social Security Numbers Previously Known By				
Social Security Number - - -		Date of Birth		
Current address				
City	State	Zip	County	How long at this address?

Previous residences for the last 7 years: (complete city, state, county & period of time at each residence)

Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?

PRE-EMPLOYMENT CRIMINAL CHECK

I give We Love Seniors Home Health Care, llc consent to conduct a pre-employment criminal record check. I give consent as required by section 43.530, RSMo, for this provider to request a criminal records check. I also give We Love Seniors Home Health Care, llc consent to a closed record check pursuant to Section 610.120, RSMo. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and corporations, companies, educational institutions, law enforcement agencies, state agencies, military services, D.M.V. records and former employers to release any information including my skills, background, character and personal reputation with regard to my suitability for employment with We Love Seniors Home Health Care, llc.

I agree to waive any claim or cause of action relating to such release and promise to defend and hold harmless those entities listed above, their officers and employees and the We Love Seniors Home Health Care, llc, its officers and employees from any claim or loss arising from such release. It is my intention that any copy of this authorization be as effective as the original.

Signature

Date