

"Bringing Health Care Home"



HomeCare of Mid-Missouri

Home Health • Homemaker • Hospice

102 WEST REED STREET • MOBERLY, MO 65270

TEL. (660) 263-1517 • FAX (660) 263-8033

Application for Employment

_____ County

PLEASE PRINT

Position(s) Applied for _____ Date of Application ____/____/____
Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-In Private Employment Agency Other _____ Name of Source _____

Name _____

Address _____
Last First Middle
Street City State Zip

Telephone Number _____ Social Security Number _____

How long have you lived in this area? _____

If necessary, best time to call you at home is _____

May we contact you at work? yes no -- If yes, work number _____

Have you ever filed an application here before? yes no Date ____/____/____

Have you ever been employed here before? yes no Date ____/____/____ to ____/____/____

Do you have prior experience in health or homemaking related fields
either as a volunteer or an employee? yes no

If yes, please describe. _____

Are you a citizen of the United States? yes no
(proof of U.S. Citizenship will be required for employment)

Date available for work. Date ____/____/____

Type of employment desired; Full Time Part Time Temporary Shift Work

Are you willing to work: Weekends yes no, Evenings yes no, Holidays yes no

Are you on lay-off and subject to recall? yes no

Do you have dependable transportation? yes no

Are you able to meet the attendance requirement of the position? yes no

Other than minor traffic violations, have you ever been convicted of, been found
guilty of, plead guilty to, or pled nolo contendere to any felony or misdemeanor
offense including any suspended imposition of sentence, any suspended execution
of sentence or any period of probation or parole? yes no

If YES, please explain. _____

Driver's license number (If required by job) _____ State _____

Is there any reason why you cannot fulfill the required job duties? yes no

Is YES, Please Explain. _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. No Years Complete	C. Degree/ Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office Held

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

Please list the name and address of two people we may contact in case of emergency.

Name	Address	Phone Number
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Name	Address	Phone Number
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It is understood and agreed upon that any misrepresentation by me in this application or interview, will be sufficient cause for cancellation of this application and/or dismissal from the Employer's service if I have been employed. Any such termination shall be conclusively deemed to have been "for cause" and no prior notice of termination shall be required for this agency.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand that due to the vulnerability of the people to be served, I am responsible to register with the Family Care Safety Registry Child-Care and Elder Care Worker Registration. I grant the Employer permission to obtain any information required by the Missouri Department of Health and Senior Services including checking against the Employee Disqualification List, Missouri State Highway Patrol Criminal Record Check and Missouri Family Care Safety Registry.

I understand that due to the vulnerability of the people to be served, I am responsible for obtaining a State Highway Patrol background check as required by the Missouri Department of Health and Senior Services

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 90 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date ____/____/____