



100 South 4th St
 St. Louis, MO 63102
 TEL: (314) 797-5297
 FAX: (314) 405-9503
 An equal opportunity employer

APPLICATION FOR EMPLOYMENT

| | | | |
|--|--|---|---------------------------------|
| NAME LAST FIRST MIDDLE | | | DATE ____/____/____ |
| CURRENT ADDRESS | | CITY | STATE ZIP CODE |
| HOME PHONE () ____ - ____ | CELL PHONE () ____ - ____ | SOCIAL SECURITY NUMBER ____ - ____ - ____ | DATE OF BIRTH ____/____/____ |
| EMAIL: | | REFERRED BY: (NAME OF CURRENT EMPLOYEE OR LEAVE BLANK) | |
| ARE YOU LEGALLY AUTHORIZED TO WORK WITHIN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FELONY OR MISDEMEANOR, EXCEPT MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PRIOR ALIAS USED (ATTACH LIST IF NEEDED) NAME: _____ SSN: _____ | | HAVE YOU EVER BEEN NAMED AS A PERPETRATOR OF ABUSE, NEGLECT OR EXPLOITATION OF A CHILD, ELDERLY PERSON OR AN ADULT BY A STATE AGENCY IN A CASE WHEREIN THE STATE AGENCY DETERMINED THAT THE ALLEGATIONS AGAINST YOU WERE VALID OR SUBSTANTIATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EMERGENCY CONTACT | NAME | RELATIONSHIP | PHONE NUMBER () ____ - ____ |
| DESIRED POSITION <input type="checkbox"/> PCA <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> CLERICAL / OFFICE | | | |
| DO YOU HAVE A CURRENT LICENCE OR CERTIFICATION FOR THIS POSITION? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | NUMBER: _____ |
| EDUCATIONAL EXPERIENCE: NAME AND LOCATION OF SCHOOL | | DEGREE | YEARS ATTENDED |
| | | | |
| | | | |
| PLEASE LIST YOUR LAST 4 EMPLOYERS, STARTING WITH THE MOST RECENT. | | | |
| DATES EMPLOYED | NAME OF COMPANY | POSITION | REASON FOR LEAVING |
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |

IMPORTANT: READ BEFORE SIGNING

I, AN APPLICANT FOR EMPLOYMENT AT HANDS AT HOME LLC, STATE THAT ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR IMMEDIATE DISMISSAL. I FURTHER UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT AT HANDS AT HOME LLC, MY EMPLOYMENT WILL NOT EXTEND FOR ANY DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND REGARDLESS OF WAGE OR SALARY PAYMENT DATES.

I UNDERSTAND AND AGREE THAT AS A CONDITION OF EMPLOYMENT, I WILL PROMPTLY INFORM WELL HOME IN WRITING OF ANY CRIMINAL CONVICTIONS (INCLUDING ALL PLEAS OF GUILTY) OTHER THAN MINOR TRAFFIC VIOLATIONS OF WHICH I AM CONVICTED AFTER TODAY.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT AT HANDS AT HOME LLC AND CHOOSE TO ACCEPT THE POSITION, I WILL BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AND COMPLETE ADDITIONAL PAPERWORK REQUIRED FOR COMPANY RECORD KEEPING. I UNDERSTAND THAT, AS A CONDITION OF MY EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND SCREENING AND A CLOSED RECORDS CHECK PURSUANT TO SECTION 192.2490.1 RSMO.

APPLICANT SIGNATURE: _____ DATE: _____

| FOR OFFICE USE ONLY | | | | | | | |
|--|---|----------|----------|----------|----------|----------|----------|
| AVAILABILITY | SUN | MON | TUE | WED | THU | FRI | SAT |
| TIME IN | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TIME OUT | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| TRANSPORT <input type="checkbox"/> OWN CAR <input type="checkbox"/> RIDE <input type="checkbox"/> BUS | NOTES: <hr/> <hr/> <hr/> <hr/> <hr/> | | | | | | |

