

CALL OF DUTY HOME HEALTHCARE



APPLICATION FOR EMPLOYMENT Personal Care Worker

APPLICANT INFORMATION			
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? Yes No	
How were you referred?			
Ad- Name of Publication: _____		<input type="checkbox"/> Internet – Site: _____	
Employment referral – Name: _____		<input type="checkbox"/> Other – Name: _____	
Name of relatives working at Call of Duty Home HealthCare: _____			

A background screening via the FCSR must be performed prior to first day. Please disclose all criminal convictions, findings of guilt, and pleas of nolo contendere 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, indicate with an explanation.

Have you been convicted or plead “no contest” to any criminal offense(s) within the last ten years Yes No
If yes, indicate: nature of offense, date, court and disposition. (A conviction will not, necessarily disqualify you from consideration for employment. _____)

Are you registered with the Family care Safety Registry? Yes No

Have you applied for a Good Cause Waiver? Yes No When? _____

Person to Notify in Emergency: _____

Address: _____ Phone: _____

POSITION	
Position Desired: _____	Salary Desired: _____
Personal Care Attendant	
Is there anything that will interfere with your ability to perform on a regular basis, the essential functions of this job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why: _____	
Have you previously applied at Call Of Duty Home Health Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Date Available: _____	Check all boxes you would consider
Days Available M T W T F Sat Sun	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 ____ Evenings ____ 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			
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			

EMPLOYMENT			
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			

EMPLOYMENT			
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:

Applicant Name:	Date:
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PROFESSIONAL REFERENCES			
Name:	Relationship:	Years Known	
Address:	City	State	Zip Code
Phone Number:	Company:	Occupation:	

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Address:	City	State	Zip Code
Phone Number:	Company:	Occupation:	

PROFESSIONAL REFERENCES			
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	
1.	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.
2.	I authorize Call of Duty Home Health Care 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.
3.	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 Call of Duty Home HealthCare from any liability for future references it may provide regarding my work history with Call of Duty Home HealthCare.
4.	I understand that Call of Duty Home HealthCare 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 wither Call of Duty Home HealthCare or myself. I hereby acknowledge that I have read and understand the proceeding statements.
Applicants Signature _____	Date _____

**APPLICATION FOR
EMPLOYMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION, FCSR
AND CRIMINAL RECORDS CHECK**

Legal Last Name	Legal First Name	Legal Middle name		
List Any Names 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 Call of Duty Home HealthCare consent to conduct a pre-employment FCSR, Criminal Record and EDL C heck. I also give Call of Duty Home HealthCare 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, 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 Call of Duty Home HealthCare.

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 employers and the Call of Duty Home HealthCare, its officers and employers 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

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EMPLOYMENT**

EMPLOYEE QUALIFICATIONS FOR HIRE

THE EMPLOYEE, _____ FULFILLS THE FOLLOWING
MINIMUM REQUIREMENTS FOR HIRE AS AN IN-HIRE SERVICE AIDE.

EMPLOYEE IS 18 YEARS OF AGE _____

EMPLOYEE IS ABLE TO READ, WRITE AND FOLLOW INSTRUCTIONS _____

EMPLOYEE MEETS ONE OF THE FOLLOWING EXPERIENCE QUALIFICATIONS:

NOTE: FOR THE FOLLOWING EXPERIENCE CATEGORIES IT IS NECESSARY TO
PROVIDE A DETAILED EXPLANATION AS TO WHY THE PERSON IS QUALIFIED
IN THE ADDITIONAL INFORMATION SECTION.

1. HAS AT LEAST 6 MONTHS PAID EXPERIENCE AS:

_____ AGENCY HOMEMAKER _____ NURSE AIDE _____ MAID

2. HAS AT LEAST 1 YEAR'S EXPERIENCE (PAID OR UNPAID):

_____ CARING FOR CHILDREN _____ ELDERLY _____ INFIRM

3. HAS SUCCESSFULLY COMPLETED TRAINING AS:

_____ CERTIFIED NURSES AIDE _____ LPN _____ RN

ADDITIONAL INFORMATION: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____