

# Angel's Direct In Home Health Care CDS, LLC

## Employment Application for Personal Care Attendant

**Note: Applications will not be processed unless completed entirely**

(please select one)  Work For A Specific Person  Be Referred To Others

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Can you verify that you meet the following qualifications: Are you at least 18 years of age; able to meet the physical and mental demands required to perform specific tasks of the consumer; agree to maintain confidentiality; be emotionally mature and dependable; be able to handle emergency situations; and not be the consumer's spouse? (please select one) YES or NO Have you lived in Missouri for the past 5 years? YES or NO If no, please list the state. \_\_\_\_\_

Do you smoke? YES or NO How did you learn of this position? \_\_\_\_\_

Is there any reason why you would not be able to perform the job duties? YES or NO If yes please explain below:

\_\_\_\_\_

**Background:** A background screening via the FCRS must be performed prior to the first day. Have you been charged with an offense other than a minor traffic violation? YES or NO Please disclose all criminal convictions, findings of guilt, plea of guilt, and pleas of nolo contendere or provide a statement there is no record of such background. Failure to disclose any criminal information is a violation of the law. If this do not apply please use N/A.

\_\_\_\_\_

\_\_\_\_\_

Are you registered with the **Family Care Safety Registry**? YES or NO Have you applied for a **Good Cause Waiver** ?

YES or NO If YES, When? \_\_\_\_\_ Do you have a Skilled License? YES or NO If YES, what type? \_\_\_\_\_

\_\_\_\_\_ Do you have a valid Driver's License? YES or NO Do you have transportation?

YES or NO Have you ever worked with persons with physical/cognitive disabilities? YES or NO If yes, Please explain:

\_\_\_\_\_

### Preferences and Availability

Do you prefer working with males, females or either? \_\_\_\_\_ What days and time are you available?

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Please circle the following duties that you are willing and able to perform on a daily basis**

Dressing

Laundry

Showering

Cleaning

Feeding

Transfers

Toilet Routine

Meal Preparation

Errands

Shopping

Homework

Correspondence

**Employment History**

Company Name: _____	Supervisor: _____
Dates Employed: _____ Position: _____	Phone: _____
Duties: _____	May we contact this employer? Yes or NO
Reason for leaving: _____	Eligible for re-hire? Yes or NO
Company Name: _____	Supervisor: _____
Dates Employed: _____ Position: _____	Phone: _____
Duties: _____	May we contact this employer? Yes or NO
Reason for leaving: _____	Eligible for re-hire? Yes or NO
Company Name: _____	Supervisor: _____
Dates Employed: _____ Position: _____	Phone: _____
Duties: _____	May we contact this employer? Yes or NO
Reason for leaving: _____	Eligible for re-hire? Yes or NO

**References: Provide three personal references that are not related to you.**

Name: _____	Relationship: _____
Address: _____	Telephone: _____
Name: _____	Relationship: _____
Address: _____	Telephone: _____
Name: _____	Relationship: _____
Address: _____	Telephone: _____

I certify that the answers given are true and complete to the best of my knowledge and I hereby grant permission for a background screening via the FCSR to be performed for employment purposes.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date:

**For Vendor Purposes Only: This applicant is \_\_\_\_\_ eligible or \_\_\_\_\_ ineligible for employment according to the regulations and the FCSR background screening.**

Screening performed by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Record**

Branch of Service : \_\_\_\_\_ Rank/Discharge Date: \_\_\_\_\_

Have you ever been convicted of any criminal convictions, findings of guilt or plea of guilt? YES or NO

Plea of nolo contendere, except minor traffic violations? YES or NO

I give Angel's Direct CDS, LLC consent to conduct a pre-employment criminal record check? YES or NO

If NO, please explain: \_\_\_\_\_

I give Angel's Direct CDS, LLC consent to a closed record check pursuant to Sec. 610.210, RSMo?

YES or NO Please disclose all criminal convictions, if any please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

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 employers listed to give to you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Angel's Direct CDS, LLC from liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Angel's Direct CDS, LLC has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative

\_\_\_\_\_  
Attendant Signature:

\_\_\_\_\_  
Date:

