

NOT Eligible For Hire _____

Eligible For Hire _____

Angelic Healthcare Services LLC
EMPLOYMENT APPLICATION

Applicants are not required to give information prohibited by federal, State/provincial or local law. AHS is committed to the provisions of equal employment opportunities to its applicants regardless of race, color, sex, religion, national origin, handicap, or age. This application is intended to allow you to provide our company with information from which your suitability for the position(s) for which you are applying can be determined.

PERSONAL

Name:

Social Security #: D.O.B:

Current Address:

Number and Street City, State/Province, Zip Code

Previous Address (if current address is less than 5 years):

Emergency Contact: Name: Phone:

Home Phone #: Work Phone #: Are you 18 years of age or older? Y N

Driver's License#: state issued

Has your driver's license ever been suspended or revoked? yes no

If so, explain

Do you have any criminal convictions, findings of guilt, or have you ever entered a plea of guilty or nolo contendere to, or been convicted of anything other than a minor traffic offense? yes no

If yes, explain

Have you ever been convicted of abuse to a child, adult, or elderly person? yes no

If yes, explain

Is your name listed on the Employee Disqualification List? yes no

Are you a U.S. citizen? yes no Are you authorized to work in the U.S.? yes no

Please list all names/ aliases and social security numbers you have used: (use back of this page if more space is needed)

Have you been previously employed by Angelic Healthcare Services LLC? yes no

If yes, give dates: From to Department

EDUCATIONAL/PROFESSIONAL LICENSES/ CERTIFICATIONS/SKILLS

Highest Grade Completed: Grade School/ High School: 1 2 3 4 5 6 7 8 9 10 11 12 College/Grad: 1 2 3 4 5 6

Licenses/ Certifications: Type State Issued Number expires
Type State Issued Number expires

List work skills for which you have been trained:

Have you served in the US Armed Forces? yes no if yes, are you in the reserve? yes no

HEALTH

Any job offer is conditional and subject to the results of a post-offer medical examination. AHS mandates that all employees receive a physical prior to starting work at AHS.

Are you willing to submit to a post-offer physical examination to determine if you can perform the job for which you have been offered employment safely and effectively? yes no

WORK HOURS AND SPECIAL CONDITIONS

Position you are applying for Work hours preferred:

Full time Part time If part time, list days and hours of availability:

Do you only want to work specific shifts? yes no if yes, Days Eve s Nights

Are you willing to work weekends and/or holidays? yes no

Date available to start: Rate which you expect? Hourly: \$ Salary: \$

MARKETING AND PUBLIC RELATIONS

Please tell us how you heard about AHS: Radio TV Website Face book Flyer Mailer

Person: Is this person employed at AHS? yes no

“LIKE” us on Face Book for helpful information, job listings, events and give -a-ways!

WORK EXPERIENCE

Please list last three employers:

Employer: From to

Address: Phone:

Position: Duties:

Final pay rate: Supervisor's name and title:

Did you resign voluntarily or were you discharged?

Voluntarily why?

Discharged why?

Employer: From to

Address: Phone:

Position: Duties:

Final pay rate: Supervisor's name and title:

Did you resign voluntarily or were you discharged?

Voluntarily why?

Discharged why?

Employer: From to

Address: Phone:

Position: Duties:

Final pay rate: Supervisor's name and title:

Did you resign voluntarily or were you discharged?

Voluntarily why?

Discharged why?

REFERENCES

Please list at least two credible verifiable references that are not related to you, that we may contact:

Name: Relation:

Address: Phone:

How do you know this person?

How long have you known this person:

Name: Relation:

Address: Phone:

How do you know this person?

How long have you known this person:

Name: Relation:

Address: Phone:

How do you know this person?

How long have you known this person:

DRUG FREE WORKPLACE

Angelic Healthcare Services will maintain an alcohol and drug free workplace in compliance with the Drug -free Workplace Act of 1990. Unlawful manufacture, use, possession, dispensation or distribution of alcoholic beverages and controlled substances as defined in the Control Substance Act (21 .vs.c.802) in the workplace is prohibited.

MANDATORY BACKGROUND SCREENINGS

It is mandatory that all applicants be registered with the Missouri Department of Health and Senior Services’ Family Care Safety Registry. My signature below provides authorization for Angelic Healthcare Services LLC to conduct a pre-employment criminal record check/ background screening on me.

FCSR

³⁵₁₇ The FCSR will be checked prior to hire and quarterly thereafter

E-Verify

³⁵₁₇ Angelic Healthcare Services LLC is required by the Department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenship

EDL

³⁵₁₇ The Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have:

³⁵₁₇ Abused or neglected a resident, patient, client, or consumer;

³⁵₁₇ Misappropriated funds or property belonging to a resident, patient, client, or consumer; or

³⁵₁₇ Falsified documentation verifying delivery of services to an in-home services client or consumer.

³⁵₁₇ The EDL will be checked prior to hire and quarterly thereafter.

If you have not resided in Missouri for 5 consecutive years prior to the date of this application for employment, Angelic Healthcare Services LLC is required to request a nationwide criminal background check for the purpose of determining if you have a prior criminal history in other states.

No applicant can be employed by Angelic Healthcare Services LLC until they pass a screening of the Employee Disqualifications List (EDL) and until Angelic Healthcare Services LLC has obtained a clean background check on the applicant from the Family Care Safety Registry (FCSR). Anyone listed on the EDL will not, under any circumstances, be employed by Angelic Healthcare Services LLC. If hired, the employee will have a copy of the background check and EDL placed in their personnel file. If any new listing appears on either of these background checks, the employee will no longer be able to be employed by Angelic Healthcare Services LLC.

SIGNATURE AUTHORIZATION:

I have read the above and understand my employment is conditional pending the outcome of the Missouri Department of Health and Senior Services’ final decision and determination. I also grant permission for you to verify my employment eligibility through E-Verify, FCSR, EDL, and if needed, perform a nationwide criminal background check, now, and as required while employed at Angelic Healthcare Services LLC. If it is determined that I have a closed record, I consent to a closed record check also.

APPLICANT’S SIGNATURE: DATE

MAJOR CONDITIONS OF EMPLOYMENT

In order to meet the needs of our clients/ patients/residents for 24 hour a day, 7 days a week care, I understand that I must perform work over a period of 40 hours a week before qualifying for overtime compensation. I understand that my shifts and days may be changed by the Director of Operations, Director of Clinical Services or his/her designee when necessary.

An offer of employment extended to you is conditional, subject to the results of a physical examination given by a MO state licensed physician and must include the following health and mental well being: A diagnosis for tuberculosis, freedom from communicable diseases, freedom from open wounds, and ability to perform the essential functions described in the job description for which applicant is applying.

False statements or omitted material facts on this application, or on any resume, or given in an interview will result in disqualification from consideration or discharge.

I have read and understand the above, and agree to be bound by the 'MAJOR CONDITIONS OF EMPLOYMENT' stated on this application.

I agree to release any person or persons from any and all liability who provide information to facilitate the assessment of my qualifications for employment at AHS. I authorize AHS to investigate my employment references and release AHS from any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my dates of employment, job titles, job duties, work performance, and type of and reason for separation.

APPLICANT'S SIGNATURE: DATE

******* HUMAN RESOURCES SECTION ***** COMPLETE AFTER HIRING *******

Date Employed (first date to work): _____ Dept: _____ Title: _____

Beginning Pay Rate: Salary: \$ _____ Hourly: \$ _____

Division: Home Care ___ Staffing ___ Shifts _____

*The following information is required for government reporting purposes:

Age _____ Date of Birth: _____ Marital Status: Single ___ Married _____

National Origin: _____ Race: _____ Sex: Male ___ Female _____

Employer's Signature Date

Termination Date: _____ Dept: _____ Title: _____

Employer's Signature Date