

Cardinal Home Health Care Services, LLC

EMPLOYMENT APPLICATION

It is the policy of **Cardinal Home Health Care Services, LLC** to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

NOTE: Do not fill out any part of this employment application you believe to be non-job related.

Today's Date _____

APPLICANT INFORMATION

Applicant Name Last _____ First _____ Middle _____

Address _____

City/State/Zip _____

Number(s) of years at this address _____

List states and counties of residence for the past seven years: _____

Prior Address _____

City/State/Zip _____

Number(s) of years at this address _____

Prior Address _____

City/State/Zip _____

Number(s) of years at this address _____

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Prior Address _____

City/State/Zip _____

Number(s) of years at this address _____

Home Phone _____ Cell Phone _____

Social Security Number _____

Are you a U.S. citizen? ____ Yes ____ No

Do you have authorization to work in the U.S? ____ Yes ____ No

Have you used any aliases or Social Security Numbers other than given above? ____ Yes ____ No

List all aliases and Social Security Numbers used by the applicant other than given above:

Have you been convicted of any criminal convictions and or felonies? ____ Yes ____ No

Do you have any criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses? Please describe disclosure of all in the boxes below:

Incident	City and State	Charge

(Conviction will not necessarily be a bar to employment. In accordance with the state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought, and rehabilitation effort will be reviewed.)

Comments _____

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JOB-RELATED SKILLS

If the job requires, do you have the appropriate valid driver's license? _____ Yes _____ No

Name on License _____

Driver's License Number (State ID number only if you do not have a driver's license) _____

State of Issue _____

Type _____

Have you ever had any moving violations within the last seven (7) years? _____ Yes _____ No

Please describe _____

Have you had your driver's license revoked or suspended? _____ Yes _____ No

Please describe _____

EMERGENCY CONTACTS

Who should be contacted if you are involved in an emergency?

Contact Name _____

Relationship to you _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

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Contact Name _____

Relationship to you _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Contact Name _____

Relationship to you _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Job Position Applied for _____

Have you been given a job description or had the essential job functions explained to you? ___ Yes ___ No

Do you understand these essential job functions? _____ Yes _____ No

Can you perform the essential job functions of this job with or without reasonable accommodation?

_____ Yes _____ No

Are you a Certified Nurse Assistant? ___ Yes; Year ___ Certificate Number _____ or _____
No

Do you have one-year experience (paid or unpaid) working with the elderly, disabled or children?

_____ Yes _____ No

If unpaid; explain: _____

Have you registered for the Caregivers Safety Registry? Yes No
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Are you currently on the Employee Disqualification List? Yes; Explain _____

No

Salary Desired \$ _____ / year, month or hour (circle one)

Who referred you to **Cardinal Home Health Care Services, LLC**?

Have you applied to our company previously? Yes No

If yes, when? _____

Are you at least 18 years old? Yes No

How will you get to work? _____

AVAILABILITY

What shift would you prefer? Full time Part time Temporary Labor Pool

What schedule would you prefer? Weekdays Weekends Evenings Nights

If applicable, are you available to work overtime? Yes No

If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work? _____

Are you able to perform the essential job functions applied for, with or without reasonable accommodations?

Yes No

What reasonable accommodations, if any, would you require? _____

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APPLICANT'S SKILLS

List any skills that may be useful for the job position you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability Rating
[] Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5
[] _____	_____	1 2 3 4 5

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APPLICANT EMPLOYMENT HISTORY

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. FOR EMPLOYERS OUTSIDE THE U.S.A., A CURRENT FAX NUMBER IS MANDATORY.

List your current and most recent employment first.

Are you currently working for this employer? Yes No

If yes, may we contact? Yes No

Employer Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Immediate Supervisor Name _____

Job Title _____ Employment Dates ___/___/___ From ___/___/___ To

Job Duties _____

Salary per hour, week or month (please circle one) _____

Reason for Leaving _____

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Employer Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Immediate Supervisor Name _____

Job Title _____ Employment Dates ___/___/___ From ___/___/___ To

Job Duties _____

Salary per hour, week or month (please circle one) _____

Reason for Leaving _____

Employer Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Immediate Supervisor Name _____

Job Title _____ Employment Dates ___/___/___ From ___/___/___ To

Job Duties _____

Salary per hour, week or month (please circle one) _____

Reason for Leaving _____

Employer Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Immediate Supervisor Name _____

Job Title _____ Employment Dates ___/___/___ From ___/___/___ To

Job Duties _____

Salary per hour, week or month (please circle one) _____

Reason for Leaving _____

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APPLICANT'S EDUCATION AND TRAINING

If your school records are under a different name than listed on page one, please list

High School/GED Name and Address

High School	City, State	Phone	Graduated	Diploma

Please circle highest grade completed. 7 8 9 10 11 12

College/University Name and Address

College/University/Trade	City, State	Phone	Graduated	Degree Studied

Do you have any additional training (graduate, technical, vocational, etc.?) _____

Do you have any Awards, Honors, and Special Achievements etc.? _____

Military Service _____ Yes _____ No

Branch _____

Specialized Training _____

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REFERENCES

List three (3) individuals only familiar with your work ability who are willing to provide a reference for you. Do not include relatives or names of supervisors listed above.

Contact Name _____

Relationship to you _____

Number of years known _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Contact Name _____

Relationship to you _____

Number of years known _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Contact Name _____

Relationship to you _____

Number of years known _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

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Please provide any other information; such as skills, licenses or certificates that you believe should be considered.

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Initial on each line and sign at the bottom of the document

I certify that the **information** provided on this application is **truthful** and accurate. _____

I understand that **providing false and misleading information** will be the basis for rejection of my application, or if employment commences immediate **termination**. _____

I understand that **Cardinal Home Health Care Services, LLC** has a mandatory obligation with the Missouri Department of Health and Senior Services' Family Care Safety Registry to provide a **background screening**. There is an eleven-dollar (\$11) registration fee if I am not registered. _____

I authorize Cardinal Home Health Care Services, LLC consent to a pre-employment criminal record check. _____

I authorize Cardinal Home Health Care Services, LLC consent to a closed records check pursuant to Section 610.120, RSMo. _____

I authorize **Cardinal Home Health Care Services, LLC** and/or its **agents**, including **consumer reporting bureaus**, to **verify** any of this **information**. _____

I authorize **Cardinal Home Health Care Services, LLC** to **contact former employees and educational organizations** regarding my employment and education. _____

I authorize my former employees and **educational organizations to fully and freely communicate information** regarding my previous employment, attendance, and grades. _____

I authorize those persons designated as **references to fully and freely communicate information** regarding my previous employment and education. _____

I understand that the use of **illegal drugs is prohibited** during employment. _____

If **Cardinal Home Health Care Services, LLC** policy requires, I am willing to submit a **drug testing to detect the use of illegal drugs** prior to and during employment. _____

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of **Cardinal Home Health Care Services, LLC** by its Human Resources, the **employment relationship will be "at-will"**. In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. _____

With appropriate notice, I will have the full and complete discretion to **end the employment relationship** when I choose and for reasons of my choice. _____

Similarly, my **employer** will have the right to **end the employment relationship**. _____

Moreover, **no agent, representative, or employee** of **Cardinal Home Health Care Services, LLC**, except in a specific written contract of employment signed on behalf of **Cardinal Home Health Care Services, LLC** by its Human Resources, has the **power to alter or vary the voluntary nature of the employment relationship**. _____

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE OT ITS TERMS.

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APPLICANT SIGNATURE

DATE

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Cardinal Home Health Care Services, LLC will have two (2) hours of orientation training on the agency and the protocols for handling emergencies within thirty (30) days of employment. Each employee will be required to complete this orientation which cannot be **WAIVED**, upon completion the employee will sign and date the orientation sheet.

**TWO (2) HOURS CARDINAL HOME HEALTH CARE SERVICES, LLC
ORIENTATION**

PRINT _____

SIGN _____

DATE _____

Cardinal Home Health Care Services, LLC