



EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS AND DO NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, AGE, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

605 N. Kingshighway, Cape Girardeau, MO 63701

PERSONAL DATA

NAME: LAST, FIRST, MIDDLE

ADDRESS

CITY, STATE, ZIP CODE

EMAIL:

PHONE NUMBER:

HAVE YOU EVER WORKED FOR Your Family First Home Care, Inc. BEFORE? YES ___ NO ___

SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER AND STATE:

POSITION(S) REQUESTED:

ARE YOU 18 YEARS OF AGE OR OLDER? YES ___ NO ___

HOW WERE YOU REFERRED TO Your Family First Home Care, Inc.?

___ CURRENT EMPLOYEE ___ COMPANY WEBSITE ___ SOCIAL MEDIA ___ EMPLOYMENT AGENCY

___ COLLEGE COUNSELOR ___ FRIEND OR FAMILY MEMBER ___ OTHER: PLEASE SPECIFY _____

AVAILABILITY

Please indicate the schedules you are available to work:

Full-time: Yes ___ No ___ Part-time: Yes ___ No ___

Days: Yes ___ No ___ Evenings: Yes ___ No ___

Overnight shifts: Yes ___ No ___ Weekends: Yes ___ No ___

On-call: Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES ___ NO ___ IF YES,

EXPLAIN: _____

NOTE: A conviction is not an automatic bar to employment; each case will be considered on its own merit.

HAVE YOU REVIEWED A JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES ___ NO ___

IF YES, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE JOB, WITH OR WITHOUT

ACCOMMODATION(S)? YES ___ NO ___

YOU CAN ASSIST US BY DESCRIBING HOW YOU WOULD PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AND WITH WHAT REASONABLE ACCOMMODATIONS WE CAN MAKE.

EDUCATION

NAME OF SCHOOL LOCATION COURSE OF STUDY

NO. OF YRS. COMPLETED GRADUATE DEGREE/DIPLOMA

HIGH SCHOOL _____

COLLEGE _____

GRADUATE _____

BUSINESS/TRADE/

TECHNICAL _____

EMPLOYMENT HISTORY

EMPLOYER 1

Company Name:

Dates Employed: From _____ To _____

Company Address:

City, State, ZIP:

Telephone:

Pay: Starting _____ Final _____

Pay Type: Hourly ___ Salary ___

Job Title/Position:

Supervisor's Name and Title:

Briefly describe your duties:

May we contact this employer for a reference? Yes ___ No ___

Reason for leaving:

EMPLOYER 2

Company Name:

Dates Employed: From _____ To _____

Company Address:

City, State, ZIP:

Telephone:

Pay: Starting _____ Final _____

Pay Type: Hourly ____ Salary ____

Job Title/Position:

Supervisor's Name and Title:

Briefly describe your duties:

May we contact this employer for a reference? Yes ____ No ____

Reason for leaving:

EMPLOYER 3

Company Name:

Dates Employed: From _____ To _____

Company Address:

City, State, ZIP:

Telephone:

Pay: Starting _____ Final _____

Pay Type: Hourly ____ Salary ____

Job Title/Position:

Supervisor's Name and Title:

Briefly describe your duties:

May we contact this employer for a reference? Yes ____ No ____

Reason for leaving:

IF MORE INFORMATION, PLEASE ATTACH A SEPARATE SHEET
PROFESSIONAL REGISTRATION STATE ID NUMBER EXPIRATION
LICENSE OR CERTIFICATION:

OTHER STATES WHERE FORMERLY OR CURRENTLY REGISTERED? _____

IS YOUR PROFESSIONAL LICENSE OR REGISTRATION CURRENTLY SUSPENDED OR REVOKED IN ANY STATE? YES ____ NO ____

IF YES, EXPLAIN _____

HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR REGISTRATION REVOKED IN ANY STATE? YES ____ NO ____

IF YES, EXPLAIN _____

MILITARY: HAVE YOU EVER SERVED IN THE ARMED FORCES? YES ___ NO ___

DESCRIBE THE TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE ANY OF THE ABOVE INFORMATION CHECKED BY Your Family First Home Care, Inc. I AUTHORIZE THE USE OF ANY INFORMATION IN THIS APPLICATION TO VERIFY MY STATEMENTS. I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS WHOM Your Family First Home Care, Inc. CONTACTS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, PREVIOUS EMPLOYMENT, EDUCATION, PUBLIC RECORDS, PROFESSIONAL CREDENTIALS, MOTOR VEHICLE RECORDS AND OTHER PERTINENT INFORMATION. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF I AM HIRED, MY TERMINATION FROM EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN Your Family First Home Care, Inc. AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEES ARE BINDING UPON Your Family First Home Care, Inc. UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT Your Family First Home Care, Inc. RETAINS THE SAME RIGHT. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF Your Family First Home Care, Inc. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR FOR EMPLOYMENT ON OTHER THAN AN AT-WILL BASIS. FURTHERMORE, THE AT-WILL NATURE OF EMPLOYMENT CANNOT BE ALTERED EXCEPT IN SIGNED WRITING BY THE PRESIDENT OR EXECUTIVE DIRECTOR.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH Your Family First Home Care, Inc. I MAY BE SUBJECT TO A CRIMINAL BACKGROUND CHECK, A DRUG AND/OR ALCOHOL SCREEN, USING URINE OR BLOOD TESTS, AND AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM Your Family First Home Care, Inc. BEFORE THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMMODATION CAN BE MADE. REQUESTED ACCOMMODATION MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. Your Family First Home Care, Inc. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMMODATION.

I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

APPLICANT'S SIGNATURE _____ **DATE** _____

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS. YOU MUST COMPLETE ANOTHER APPLICATION FORM SHOULD YOU WISH TO REMAIN ON FILE

RELEASE OF INFORMATION AGREEMENT

I hereby authorize Your Family First Home Care, Inc. and/or its agents to make an independent investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment. This investigation may access records maintained by both public and private organizations. Information requested may include, but not be limited to:

Professional and Personal References; Credit History (Consumer Reports)

Past and Current Employment; Motor Vehicle Records

Criminal and Police Reports; Professional Credentials

Education Public Records

Urine or Blood Tests to Determine Drug or Alcohol Use

I authorize any individual or entity contacted during this investigation to give you any pertinent information they may have, personal or otherwise, and release all parties from any liabilities, claims, or lawsuits regarding the information obtained.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Signed: _____ Date: _____ (Applicant)

FOR OFFICIAL USE ONLY

The following information must be completed to process this request.

Office Location Phone Number

Requested By Job Title

Please indicate the type of background check requested: Criminal? MVA? Workers' Comp

If criminal, indicate County, City, or State.

_____ COUNTY CITY STATE