Roberta's Health Care Services, LLC.

EMPLOYMENT APPLICATION

Note: Please complete each section and print legibly except where signatures are required

Roberta's Health Care Services, LLC. is an equal opportunity employer and affords equal opportunity to all applicants without regard to race, color, religion, gender, national origin, sexual orientation, age, disability, veteran status, marital or family status, genetic information or any other statuses protected under local, state or federal law.

Please Print Clearly and Legibly

NAME: _____

ADDRESS_____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____-_____-_____ DATE OF BIRTH ____/____/_____

TELEPHONE NUMBERS: Home: (_____) _____-_____

Cell: (_____) _____-_____

Work: (_____) _____-_____

DRIVER'S LICENSE STATE _____ DRIVER'S LICENSE NUMBER _____

NON-DRIVER'S LICENSE STATE _____ NON-DRIVER'S LICENSE NUMBER _____

Are you are at least 18 years of age or older? Yes □ No □

Are able to meet the physical and mental demands required to perform specific tasks for the client? Yes □ No □

Do you agree to maintain confidentiality? Yes □ No □

Are you emotionally mature and dependable? Yes □ No □

Are you able to handle emergency situations? Yes □ No □

Have you lived in Missouri for the past 5 years? Yes □ No □

If No, please list the state(s) you have lived in: _____

How did you learn of this position? _____

Is there any reason why you would not be able to perform the job duties? Yes □ No □

If Yes, please explain below: _____

_____

_____

Roberta's Health Care Services, LLC.

All persons applying for employment with Roberta's Health Care Services, LLC., are subjected to background screenings via the **Family Care Safety Registry** and **Employee Disqualification List.** These screenings will be completed prior to your first day of employment. **PLEASE** read the following questions, provide true and accurate information.

HAVE YOU HAD ANY OF THE FOLLOWING IN MISSOURI OR IN ANY OTHER STATE: criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere? Yes □ No □

If YES, list **ALL** criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere AND the state in which this occurred. Do not list minor traffic offenses such as speeding tickets and parking tickets. If this does not apply, please use N/A.

List the offense and date for each crime: _____
_____
_____
_____

Do you give Roberta's Health Care Services, LLC., LLC consent to conduct a pre-employment criminal record check? Yes □ No □ If No, please explain:
_____
_____
_____

Do you authorize Roberta's Health Care Services, LLC to conduct a closed record check pursuant to Section 610.120, RSMo? Yes □ No □ If No, please explain:
_____
_____
_____

Have you ever used an alias? Yes □ No □

If YES, list **ALL** aliases you have used (please include **maiden names**, **married names,** and **other legal name changes**).

_____

_____

_____

Have you used any other social security numbers other than the name and social security number you used on this application? Yes □ No □

If Yes, please list all social security numbers used:

_____

_____

Are you registered with the Family Care Safety Registry? Yes □ No □

If applicable, have you applied for a Good Cause Waiver? Yes □ No □
If YES, When?

_____

Are you listed on the Employee Disqualification List (EDL)? Yes □ No □

Do you have a Skilled License? Yes □ No □
If YES, what type? (provide a copy) _____

_____

Do you have transportation? Yes □ No □

Have you ever worked with persons with physical and/or developmental disabilities? Yes □ No □
If yes, Please explain:

_____

_____

_____

Preferences and Availability
Do you prefer working with males, females or either? _____

What days and hours are you available? Sun _____ Mon _____ Tue_____

Wed _____ Thurs _____ Fri _____ Sat _____

Please check the following duties that you are willing and able to perform daily:

□ Dressing	□ Laundry	□ Bathing/Showering	□ Housekeeping
□ Grooming	□ Transfers	□ Toileting Routine	□ Meal Preparation
□ Errands	□ Shopping	□ Correspondence	

Desired Rate of Pay: $_____/hour

Employment History: (your signature on this application gives us permission to contact the employers you have listed)

Company Name: _____ Phone: (_____)_____-_____

Supervisor: _____ Position: _____

Dates Employed: ____/_____-_____/_____ May we contact this employer? Yes □ No □

Roberta's Health Care Services, LLC.

Duties: _____

_____

Reason for leaving: _____

_____

Are you eligible for re-hire? Yes □ No □ Rate of Pay: $_____/hour

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Employment History:

Company Name: _____ Phone: (_____)_____-_____

Supervisor: _____ Position: _____

Dates Employed: _____/_____-_____/_____ May we contact this employer? Yes □ No □

Duties: _____

_____

_____

Reason for leaving: _____

_____

Are you eligible for re-hire? Yes □ No □ Rate of Pay: $_____/hour

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References: (your signature on this application gives us permission to contact your references)

Name/Title: _____ Phone: (_____)_____-_____

Address: _____ E-mail: _____@_____

Name/Title: _____ Phone: (_____)_____-_____

Address: _____ E-mail: _____@_____

Name/Title: _____ Phone: (_____)_____-_____

Roberta's Health Care Services, LLC.

Address: _____ E-mail: _____@_____

Education and Training:

Name/Location of High School: _____

Diploma Received? _____ Yes _____ No If Yes, Year Received: _____

Other (Please list) _____ Date Received: _____

College/University or Professional School: _____

Degree or Certification Received/Year: _____

Please provide Roberta's Health Care Services, LLC with a copy of your driver's license, social security card and any certifications or licenses you may hold.

I certify that all the information provided by me on this application and accompanying documents is true and complete. I understand that false representation or omission of any fact will be cause for denial of employment or termination of employment.

I understand that if offered a position with Roberta's Health Care Services, LLC. may be required to submit to a pre-employment drug screening.

Signature of Applicant: _____ Date: ____/_____/_____

For Office Use ONLY:

Staff Member Start Date _____/_____/_____

Rate of Pay $_____._____