



101 Industrial Parkway
Gallatin MO 64640
Phone: 660-663-2423
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In-Home Application for Employment

GENERAL INFORMATION

Name: _____ Application Date: _____
(Last) (First) (MI)

Please list any alias(s) used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from address above): _____

Have you lived in the State of Missouri for at least the past five (5) years? _____

If no, please indicate other states _____

Home Phone: _____ Alternate Phone: _____

Social Security Number (List all Social Security Numbers Used): _____

Position Desired: _____ Expected Pay: _____

Do you prefer Full-Time, Part-Time, or PRN? _____

Are you at least eighteen (18) years of age? _____

Are you legally eligible for employment in the United States? _____

Are you able to read, write, and follow directions? _____

Do you have at least 6 months paid experience as a homemaker, nurse aide, or household worker? _____

Do you have at least 1 year experience, paid or unpaid, in caring for children, sick or elderly individuals? _____

Have you successfully completed a formal training in nursing arts or as a nurse aide or home health aide? _____

Are you currently listed on the State of Missouri's Employee Disqualification List? _____

Do you have any criminal convictions, findings of guilt, pleas of guilty, and/or pleas of nolo contendere except minor traffic violations? _____ If yes, please explain: _____

By initialing below, I consent to a pre-employment criminal record check, closed record check, Employee Disqualification List screening, Office of Inspector General List of Excluded Individuals/Entities screening, and a Family Care Safety Registry background screening to assist in determining my eligibility for this position. If there is a negative finding on my FCSR background screening, I understand that I may apply for a Good Cause Waiver. I also understand that is employer participates in E-Verify to verify my eligibility for employment in the United States. If a copy of your high school diploma/ general education degree is required, Access II can request one on your behalf.

To agree, Initial Here: _____

AVAILABILITY TO WORK

Please list days and hours of weekly availability:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Can you work overtime if needed? _____

Are you available to be "On-Call"? _____

Are you able to lift at least 50 lbs? _____

EDUCATION

Name of High School: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate? _____ Degree or Diploma? _____

If you received a GED, please provide the name of the issuing institution and contact number below

Name of Issuing Authority: _____

Location: _____ Phone Number: _____

Approximate Dates of Attendance: _____

Name of College: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate? _____ Degree or Diploma? _____

Business/Trade/Technical School: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate? _____ Degree or Diploma? _____

REFERENCES

As a condition of employment, Access II-Independent Living Center is required to contact each reference listed. Please list at least three (3) references. At least two (2) MUST be professional, preferably managers or supervisors.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

**Please give accurate, complete Full-Time and Part-Time Employment Records.
Start with you most recent employer.**

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason For Leaving: _____

Supervisor: _____ Salary: _____

Permission to contact this past employer? Yes No

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason For Leaving: _____

Supervisor: _____ Salary: _____

Permission to contact this past employer? Yes No

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason For Leaving: _____

Supervisor: _____ Salary: _____

Permission to contact this past employer? Yes No

This information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that this application will remain in effect for only six (6) months from the date of the application and should be updated and re-submitted at that time.

Applicant Signature

Date of Application