



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.

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? \_\_\_\_\_

Name of College: \_\_\_\_\_

Location: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Graduate? \_\_\_\_\_ Degree or Diploma? \_\_\_\_\_

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