

EMPLOYMENT APPLICATION

Touch of The Heart Home Health Care, LLC

12406 Lusher Road St. Louis Mo 63138

Touch of The Heart Home Health Care, LLC an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Application Information

Applicant Name: _____

Address: _____

City, State, and Zip code: _____

Telephone Number: _____

Email Address: _____

Date of Application: ____/____/____

Social Security Number: ____/____/____

Driver's License (State/Number): _____

Any other Alias Name used: _____

Any other Alias Social Security used: _____

Employment Position:

Positions applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? YES, NO, MAYBE_____

On what date can you start working if you are hired? ____/____/____

Do you have reliable transportation to and from work? _____

Are you available to work overnight? ____YES____NO

Check those skills that you have. List any other skills that may be useful for the job 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.)

<u>Skills / License</u>	<u>Years of Experience</u>
() Ability to work in home-like setting	1 2 3 4 5
() Customer Service	1 2 3 4 5
() Ability to communicate(verbally and written)	1 2 3 4 5
() LPN	1 2 3 4 5
() CNA	1 2 3 4 5
() RN	1 2 3 4 5
()First Aide Certificate	1 2 3 4 5
()CPR-Certificate	1 2 3 4 5
() Other Skills _____	1 2 3 4 5
() Nursing and health care administration skills	1 2 3 4 5
() Level 1 Medication Aide	1 2 3 4 5
() Microsoft Word,	1 2 3 4 5
() Client-Focused	1 2 3 4 5
() Workflow Planning	1 2 3 4 5
() Microsoft Excel	1 2 3 4 5
() Employee Scheduling	1 2 3 4 5
() Matrix Management	1 2 3 4 5
() Staff Training	1 2 3 4 5
() Operation Start Up	1 2 3 4 5
() PC Competent	1 2 3 4 5
() Other Skills _____	1 2 3 4 5

Personal Information

Have you ever worked for our company before? YES NO

If yes, please indicate when: _____

Do you have any Relatives, Friends, or Acquaintances working for Touch of the Heart Home Health Care, LLC ? YES NO

If YES, please state name & relationship: _____

Are you 18 years of age or older? YES NO

Are you a U.S citizen or approved to work in the United States? YES NO

What document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory substance test? YES NO

Do you have or need a Good Cause Waive? YES NO

If yes, please state the reason: _____

Have you ever been convicted of a criminal offense (Felony or Misdemeanor)? YES NO

Disclosure of all criminal convictions, **findings of guilt, pleas of guilty, and pleas of nolo contendere** except minor traffic offenses. If so state them here: _____

Do you **consent to a per-employment criminal record check**? YES NO

If no, please state the reason: _____

Do you **consent to a closed record check pursuant to Section 610.120, RSMo**? YES NO

Do you have any condition which would require job accommodations? YES NO

If yes, please describe required _____

Are you registered with the family Care Safety Registry? YES NO

Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the positions applied for may, however be considered.

Education and Training

High School

Name	Location City, State	Year Graduated	Degree Earned

College/University

Name	Location City, State	Year Graduated	Degree Earned

Vocational School / Specialized Training

Name	Location City, State	Year Graduated	Degree Earned

Note: Touch of The Heart Home Health Care, LLC complies with ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. It is possible that a hire may be tested on skills/ agility and may be subject to a medical examination conducted by a medical professional.

MILITARY:

Are you a member of the Armed Services? _____

What branch of the military did you enlist in? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

1) Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone Number: _____

Dates Employed: _____

Reason for Leaving: _____

2) Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone Number: _____

Dates Employed: _____

Reason for Leaving: _____

3) Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone Number: _____

Dates Employed: _____

Reason for Leaving: _____

REFERENCES

Please provide (3) personal and professional references:

REFERENCE	CONTACT INFORMATION

EMERGENCY CONTACTS

Please provide (2) contacts in case of an Emergency:

NAME	ADDRESS	TELEPHONE NUMBER

AT-WILL EMPLOYMENT CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I authorize Touch of The Heart Home Health Care, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers 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. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Home Health Aide, 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. Moreover, no agent, representative, or employee of Touch of The Heart Home Health Care, LLC , except in a specific written contract of employment signed on behalf of the organization by its Home Health Aide, 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 TO ITS TERMS.

____/____/____

APPLICANT SIGNATURE

DATE

Touch of The Heart Home Health Care FAMILY THANKS YOU!