

# Application for Employment



## General Information

Name (first, middle initial, last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently authorized to work in the United States without employer sponsorship? **YES** **NO**

Have you ever been convicted of a felony or a crime involving dishonesty or false statement, fraud, theft, or do you have any felony charges pending against you? **YES** **NO**

If yes, please state the date, place and nature of conviction.

Have you ever been suspended, discharged or asked to resign from employment? **YES** **NO**

If yes, please explain: \_\_\_\_\_

Are you able to perform all the essential functions and duties required of the position in which you are applying, with or without reasonable accommodation? **YES** **NO**

Do you have a valid driver's license? **YES** **NO**

Do you have a clean driving record? **YES** **NO**

If no, please explain: \_\_\_\_\_

Are you 18 years or older? **YES** **NO**

If under 18, what is your date of birth? \_\_\_\_\_

How did you hear about Full Circle Care? \_\_\_\_\_

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## EMPLOYMENT HISTORY:

Starting with the most recent, please list all previous employers. Use a separate page if necessary.

Dates of Employment	Employer Name	City and State	Reason for Leaving	Position Held	Wage/Salary (optional)

## PROFESSIONAL REFERENCES:

Please provide two (2) professional references that we may contact for employment related references.

1. Reference Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Title: \_\_\_\_\_ How long did you work with this person? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Title: \_\_\_\_\_ How long did you work with this person? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PERSONAL REFERENCES:

Please provide one (1) personal reference that we may contact.

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## EDUCATION AND TRAINING HISTORY

High School: \_\_\_\_\_ City: \_\_\_\_\_ Grades Completed: \_\_\_\_\_

College or Trade School: \_\_\_\_\_ Level Completed: \_\_\_\_\_

Course of Study or Degree: \_\_\_\_\_

If currently enrolled, anticipated graduation date: \_\_\_\_\_

Please list any license, certification or special training relevant to your application: \_\_\_\_\_

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## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## APPLICANT SIGNATURE:

*I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.*

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**Signature of Applicant**

**Date**

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## APPLICATION QUESTIONS:

What is your motivation for applying for a job at Full Circle Care as a Direct Care Worker?

Please list and describe your personal experiences with individuals with different-abilities.

What do you hope to gain from employment with Full Circle Care?

Anything else we should know about you?

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## BACKGROUND CHECK NOTICE TO APPLICANT

The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with Full Circle Care. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- DMV Record
- Criminal Convictions, felony and misdemeanor
- Prior Employment History
- Educational History
- Office of Inspector General Search
- Community Mental Health Recipient Rights Complaints

Any information obtained during investigation may be used for decisions related to your employment with Full Circle Care. A copy of any reports may be provided to you if you wish. The following information is needed to conduct background checks and will be used only for this purpose.

**PRINT NAME (first, middle initial, last):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

By signing below, you authorize Full Circle Care to conduct a background investigation.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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## EMPLOYEE AVAILABILITY

Employees are required to work a minimum of 2 shifts per week (4 per pay period). Unless previously discussed with Full Circle Care HR Manager, 1st and 2nd shift employees will be required to work every other weekend (saturday/sunday). If weekend shifts are not in your availability, please explain the conflict in the "Additional comments" section. Shifts typically range from 6-8 hours.

Name: \_\_\_\_\_

Schedule Start Date: \_\_\_\_\_

### TIME FRAME AVAILABLE

CHECK THIS  
BOX IF NOT  
AVAILABLE  
THIS DAY

<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		
<b>SUNDAY</b>		

NUMBER OF HOURS DESIRED PER WEEK: \_\_\_\_\_

NUMBER OF WEEKDAY SHIFTS DESIRED (M-F): \_\_\_\_\_

ADDITIONAL COMMENTS OR UNAVAILABLE DATES:

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## Job Expectations and Requirements:

Duties and Responsibilities: *Employees are expected to perform all duties while maintaining the respect and dignity of the individuals we serve.*

- Assist patients with all aspects of ambulation including, assisting in use of Trams and Gait Trainers; including don and doff ankle foot orthotics (AFOs), use of manual and automatic wheelchairs
- Assist individuals with personal care tasks such as showers, bathing, hair, basic grooming, incontinence care, colostomy care and toileting needs including hand held urinals
- Assist individuals with transfers and using hoist lifts
- Assist individuals with completing daily activities, positioning and goals
- Assist individuals with feeding, including
  - Preparing meals
  - Using adaptive equipment and utensils
  - Follow formula preparation for those on special diets
  - Administer formula/nutrition via g-tube and g/j tube
  - Administer formula/nutrition using various feeding pumps
- Assist individuals with respiratory care, trach care, pulmonary vest treatments, inhalants, nebulizer treatments and suctioning
- Observing and reporting any changes in individuals, whether it be physical, social, or emotional
- Complete proper charting and documentation via Full Circle Care's (FCC) electronic charting system
- Assist in preparing and administering medication including preparing and passing medication for all patients. FCC implements safe handling, administration and disposal methods that meet CARF standards. This includes injections, topical medications, administering medications via G or J tubes, daily and PRN medications.
- Assist individuals with community connections, community outings and integration
- Following CLS & Skill building programs
- Housekeeping tasks & using ladders
- Deep cleaning and maintaining a sanitary environment for residents
- Assisting with oxygen use, monitoring heart rate, temperature, blood pressure and oxygen saturation,
- Work and coordinate with an interdisciplinary team including case managers, social workers, community mental health, direct family contact, physicians, pharmacy, occupational and physical therapists to advocate for each individual

In addition, Full Circle Care employees must be able to comply with Medicaid requirements including (but not limited to):

- Must be 18 years of age
- Able to lift 50 lbs without restriction with a two-person lift
- Able to be active and on your feet for an 8-10 hour shift
- Provide an unrestricted driver's license
- Pass a criminal background check and be in good standing with the law according to the Medicaid Provider Manual
- Take precautionary measures to prevent the transmission of communicable disease from self to others
- Be able to communicate expressively and receptively in order to follow each consumer's plan requirements, emergency procedures, and report on activities performed
- Complete Recipient Rights Trainings through Network180
- Complete First Aid and CPR training (if applicable)
- Complete training on each consumers IPOS and Crisis Plans

Signature of Direct Care Aid: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Direct Care Aid: \_\_\_\_\_