EMPLOYMENT APPLICATION FOR PERSONAL CARE ATTENDANT

Note: Applications will not be processed unless completed entirely.
(Please select one) _____ I have my own client ____ I need to be assigned a client

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DATE: _____

NAME: _____ DOB: _____

ADDRESS: _____CITY: _____

STATE: _____ ZIP: _____ SOCIAL SECURITY #_____

HOME PHONE #: _____CELL #: _____EMAIL: _____

Please verify that you meet the following criteria:

You are at least 18 years of age? ___YES ___NO

Are you the spouse of the loved-one? ___YES ___NO

You agree to maintain confidentiality? ___YES ___NO

You are emotionally mature and dependable? ___YES ___NO

You are able to handle emergency situations? ___YES ___NO

Are you able to meet the physical and mental demands required to perform specific tasks for the loved-one?
___YES ___NO

Have you lived in Missouri for the past 5 years? ___YES ___NO

If NO, please list the state(s) you previously lived in? _____

_____

Do you smoke? ___YES ___NO

How did you learn this position? _____

Is there any reason why you would not be able to perform the job duties? ___YES ___NO

If YES, please explain: _____

_____

Date available for employment: _____

How many hours a week can you work? _____

Are you interested in a live-in position? (If applicable) ___YES ___NO

Are you interested in serving as a back-up assistant? ___YES ___NO

If you are hired for the position of Personal Care Attendant (PCA), a background screening via the Family Care Safety Registry (FCSR) must be conducted prior to your first day of employment. Please read the following questions carefully and respond truthfully and fully.

Have you been charged with an offense other than a minor traffic violation? ___YES ___NO

Please disclose all criminal convictions, findings of guilt, pleas of guilt, and pleas of nolo contendere or provide a statement that there is no record of such background. Failure to disclose any criminal information is a violation of the law. If this does not apply, please use N/A.

If YES, give offense and date for each crime: _____

_____

I give ADOREU, LLC consent to conduct a pre-employment criminal record check on me: ___YES ___NO

If NO, please explain: _____

_____

I authorize ADOREU, LLC to conduct closed record check pursuant to Section 610.120, RSMo. ___YES ___NO

If NO, please explain: _____

_____

Have you ever used any aliases and social security numbers other than the name and social security number you used on this application? ___YES ___NO

If YES, please disclose all aliases and social security numbers that you have used:

_____

Are you registered with the Family Care Safety Registry (FCSR)? ___YES ___NO

Have you applied for a Good Cause Waiver? ___YES ___NO

If YES, Date / Type: _____

Do you have a Skilled License? ___YES ___NO

Do you have transportation? ___YES ___NO

Have you ever worked with persons with physical / cognitive disabilities? ___YES ___NO

If YES, please explain: _____

_____

Preference and Availability:

Do you prefer working with: _____Males ____Females ____Both

What days and hours are you available?

Sun._____Mon._____Tues._____Wed._____Thurs._____Fri._____Sat._____

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

	Bathing/Showering		Dressing/Grooming		Housework		Toilet Routine
	Cleaning		Errands		Laundry		Transfer
	Correspondence		Feeding		Meal Preparation		Shopping

Why do you want to be a personal assistant?

_____

_____

Work Experience:

EMPLOYER'S NAME: _____

DATES OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS_____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

DESCRIPTION OF WORK DUTIES: _____

REASON FOR LEAVING_____

****

EMPLOYER'S NAME: _____

DATES OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS_____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

DESCRIPTION OF WORK DUTIES: _____

REASON FOR LEAVING_____

****

EMPLOYER'S NAME: _____

DATES OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS_____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

DESCRIPTION OF WORK DUTIES: _____

REASON FOR LEAVING_____

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LIST THREE PERSONAL REFERENCES:

1_____
(Name) (Address) (Phone Number)

2._____
(Name) (Address) (Phone Number)

3._____
(Name) (Address) (Phone Number)

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What skills or experiences do you have related to be a personal assistant?

_____

_____

Applicant Acknowledgement:

I, _____, certify that all the *information provided is true and complete* to the best of my knowledge. I also acknowledge that *a Criminal Conviction Check is required* and that some convictions prevent employment. I authorize verification by ADOREU, LLC of any or all information presented in this application.

Signature: _____ Date of Signature: _____

In compliance with Civil Rights Act of 1964, ADOREU, LLC is an equal opportunity employer. ADOREU, LLC does not discriminate in employment due to race, creed, religion, age, national origin, or disability.

FOR OFFICE USE ONLY
Family Care Safety Confirmation # _____Date checked: _____
EDI Findings: ___YES ___NO Date: _____ Hire ___YES ___NO Date: _____
Received by: _____ Date: _____