

# Oh So Good Home Health Care, LLC



## APPLICATION FOR EMPLOYMENT

Personal Care Worker

### APPLICANT INFORMATION

Last Name	First Name	Middle Name	Home Phone
			( ) -
Address		Apartment Number	Cell/Pager
			( ) -
City	State	Zip	Email address
SS#	Date of Birth	Will visa or immigration status prevent lawful employment?	
		Yes No	
How were you referred?			
Ad- Name of Publication:		<input type="checkbox"/> Internet – Site:	
Employment referral – Name:		<input type="checkbox"/> Other – Name:	
Name of relatives working at Oh So Good Home Health Care, LLC:			

A background screening via the FCSR must be performed prior to first day. Please disclose all criminal convictions, findings of guilt, and pleas of no contest or provide a statement that there is no record of such background. Failure to disclose any criminal information is a violation of the law. All convictions will be identified by the FCSR, including convictions more than 10 years ago. If the answer is no, indicate with an explanation.

Have you been convicted or plead “no contest” to any criminal offense(s) within the last ten years Yes No  
If yes, indicate: nature of offense, date, court and disposition. (A conviction will not, necessarily disqualify you from consideration for employment. \_\_\_\_\_

Are you registered with the Family care Safety Registry? ☐ Yes ☐ No

Have you applied for a Good Cause Waiver? ☐ Yes ☐ No When? \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### POSITION

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

#### Personal Care Attendant

Is there anything that will interfere with your ability to perform on a regular basis, the essential functions of this job for which you are applying? ☐ Yes ☐ No If yes, explain why: \_\_\_\_\_

Have you previously applied at Oh So Good Home Health Care, LLC? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Date Available: \_\_\_\_\_

Days Available

M T W T F Sat Sun

Full Time

☐ Part Time

☐ Contract

☐ Temporary

☐ Summer Hours Available:

What is your Shift Preference? Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>

\_\_\_\_ Days \_\_\_\_ Evenings \_\_\_\_ Nights \_\_\_\_ Weekends

List areas and/or distances you are willing to travel: \_\_\_\_\_

### EDUCATION AND TRAINING

Type of School	School and Location	Dates Attended	Degree Earned	Course of Study or Major
High School or GED				
Vocational or Technical				
College University				
Graduate School				
Other Courses and Training				
Military				

Applicant Name:	Date:
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EMPLOYMENT			
Company Name		Company Address	
Supervisor Name	Supervisor Phone No. (   )   -		Reason for Leaving
Position Title	Employment Dates to	Number of Hours per week	Last Wage
Duties:			
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT			
Company Name		Company Address	
Supervisor Name	Supervisor Phone No. (   )   -		Reason for Leaving
Position Title	Employment Dates to	Number of Hours per week	Last Wage
Duties:			
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT			
Company Name		Company Address	
Supervisor Name	Supervisor Phone No. (   )   -		Reason for Leaving
Position Title	Employment Dates to	Number of Hours per week	Last Wage
Duties:			
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List all Periods of Unemployment of 30 days or greater and explain:
Apprenticeship programs, special skills, languages Explain:

Applicant Name:	Date:
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PROFESSIONAL REFERENCES			
Name:	Relationship:	Years Known	
Address:	City	State	Zip Code
Phone Number:	Company:	Occupation:	

PROFESSIONAL REFERENCES			
Relationship:	Years Known		
Address:	City	State	Zip Code
Phone Number:	Company:	Occupation:	

PROFESSIONAL REFERENCES			
Relationship:	Years Known		
Address:	City	State	Zip Code
Phone Number:	Company:	Occupation:	

List any additional information that you feel may be helpful to us in considering your application:
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**APPLICATION FOR  
EMPLOYMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION, FCSR  
AND CRIMINAL RECORDS CHECK**

Legal Last Name	Legal First Name	Legal Middle name		
List Any Names Previously Known By				
Social Security Number	Date of Birth			
Current Address				
City	State	Zip	County	How long at this address

Previous residences for the last 7 years: (complete city, state, county & period of time at each residence)

Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?
Address	City, State	County	How long at this address?

**PRE-EMPLOYMENT CRIMINAL CHECK**

I give Oh So Good Home Health Care, LLC consent to conduct a pre-employment FCSR, Criminal Record and EDL C heck. I also give Oh So Good Home Health Care, LLC consent to a closed record check pursuant to Section 610.120, RSMo. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and corporations, educational institutions, law enforcement agencies, state agencies, military services, D.M.V. records and former employers to release any information including my skills, background, character and personal reputation with regard to my suitability for employment with Oh So Good Home Health Care, LLC.

I agree to waive any claim or cause of action relating to such release and promise to defend and hold harmless those entities listed above, their officers and employers and the Oh So Good Home Health Care, LLC its officers and employers from any claim or loss arising from such release. It is my intention that any copy of this authorization be as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION FOR  
EMPLOYMENT**

**EMPLOYEE QUALIFICATIONS FOR HIRE**

THE EMPLOYEE, \_\_\_\_\_ FULFILLS THE FOLLOWING  
MINIMUM REQUIREMENTS FOR HIRE AS AN IN-HIRE SERVICE AIDE.

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EMPLOYEE IS 18 YEARS OF AGE \_\_\_\_\_

EMPLOYEE IS ABLE TO READ, WRITE AND FOLLOW INSTRUCTIONS \_\_\_\_\_

EMPLOYEE MEETS ONE OF THE FOLLOWING EXPERIENCE QUALIFICATIONS:

NOTE: FOR THE FOLLOWING EXPERIENCE CATEGORIES IT IS NECESSARY TO  
PROVIDE A DETAILED EXPLANATION AS TO WHY THE PERSON IS QUALIFIED  
IN THE ADDITIONAL INFORMATION SECTION.

1. HAS AT LEAST 6 MONTHS PAID EXPERIENCE AS:

\_\_\_\_\_ AGENCY HOMEMAKER      \_\_\_\_\_ NURSE AIDE      \_\_\_\_\_ MAID

2. HAS AT LEAST 1 YEAR'S EXPERIENCE (PAID OR UNPAID):

\_\_\_\_\_ CARING FOR CHILDREN      \_\_\_\_\_ ELDERLY      \_\_\_\_\_ INFIRM

3. HAS SUCCESSFULLY COMPLETED TRAINING AS:

\_\_\_\_\_ CERTIFIED NURSES AIDE      \_\_\_\_\_ LPN      \_\_\_\_\_ RN

ADDITIONAL INFORMATION: \_\_\_\_\_

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EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_