

Ann's Dream

H E A L T H C A R E
CDS & IN-HOME SERVICES

Employment Application

| | | | |
|--|--------|-------|--|
| SSN: | DOB: | | |
| Name: | | | |
| Current Address: | | | |
| City: | State: | Zip: | |
| <small>Previous Address is Less Than 5 years</small> | | | |
| Previous Address: | | | |
| City: | State: | Zip: | |
| Phone: | Work: | Cell: | |

| | | | | | |
|--|-----|----|--------------------------------------|-----|----|
| Have you lived in Missouri for the past years: | Yes | No | If, no please disclose the state: | | |
| How did you learn of this position: | | | Do you smoke: | Yes | No |
| Do you have a Valid Driver's License: | Yes | No | Do you have reliable transportation: | Yes | No |
| If so, what's your License or State Issued ID# | | | Emotionally mature and dependable: | Yes | No |
| Agree to maintain confidentiality: | Yes | No | In not the Spouse of the Consumer: | Yes | No |
| I'm able to handle emergency situations: | Yes | No | In not immediate Family of Client: | Yes | No |
| Do you have First Aid & CPR: | Yes | No | Are you a CNA: | Yes | No |
| Are you a Medication - Aide Med Level 1: | Yes | No | Are you registered with the FCSR: | Yes | No |
| Do you have MANDT: | Yes | No | Do you have a Good Cause Waiver: | Yes | No |

| | | | |
|--|-----|----|-------------------------------|
| Do you have a valid skilled license: | Yes | No | If yes, please explain below: |
| | | | |
| Is there any reason why you would not be able to perform the job duties: If, so please explain below: | | | |
| | | | |
| Have you ever worked with individuals with physical – cognitive disabilities: if, so please explain below: | | | |
| | | | |

| | | | |
|---------------------------------------|-----|----|----------------|
| Have you ever served in the military: | Yes | No | Branch Served: |
| Discharge Information: | | | |

Background Screening

A background screening via the Family Care Safety Registry and or nationwide check must be performed prior to the first day of client contact. Have you been charged with an offense other than a minor traffic violation? YES or NO Please disclose all criminal convictions, findings of guilt, plea of guilt, and pleas of nolo contendere or provide a statement there is no record of such background. Have you ever used any other aliases or other SSN(s). Failure to disclose any criminal information is a violation of the law. I grant permission for a background screening for employment purposes.

Please Disclose

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| |
| What position are you applying for: |

| Employment History | | | |
|--------------------------------|--------|-------------------|------|
| Company Name: | | Position: | |
| Address: | | | |
| City: | | State: | Zip: |
| May we contact this employer: | Phone: | Dates Employed: | |
| Reason for leaving: | | | |
| Company Name: | | Position: | |
| Address: | | | |
| City: | | State: | Zip: |
| May we contact this employer: | Phone: | Dates Employed: | |
| Reason for leaving: | | | |
| Company Name: | | Position: | |
| Address: | | | |
| City: | | State: | Zip: |
| May we contact this employer: | Phone: | Dates Employed: | |
| Reason for leaving: | | | |
| Education and Training | | | |
| High School: | | Did you graduate: | |
| Address: | | | |
| City: | | State: | Zip: |
| Other: | | Did you graduate: | |
| Address: | | | |
| City: | | State: | Zip: |
| Professional References | | | |
| Name: | | Phone: | |
| Name: | | Phone: | |
| Name: | | Phone: | |

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 termination. I authorize investigation of all statements contained herein and the references and employers listed to give to you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Ann's Dream Healthcare, Ann's Dream Healthcare 1, Ann's Dream IHS from liability for any damages that may result from utilization of such information. I also understand and agree that no representative of Ann's Dream Healthcare, Ann's Dream Healthcare 1, Ann's Dream HIS has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the following, unless it is in writing and signed by an authorized representative.

| Signature of Applicant: | | Date: |
|--|-------------------|--------------|
| | | |
| FOR OFFICE USE ONLY | | |
| Hire Date: | | |
| Family Care Safety Registry Completed: | | |
| Nationwide Background Check if Applicable: | | |
| Employment Disqualification List: | | |
| Office of the Inspector: | | |
| E-Verify: | | |
| Initial Training: | | |
| Termination Date: | Resignation Date: | Rehire Date: |
| Agency Representative: | | Date: |
| | | |