

**Please read before completing application:**

**(revised for 01/01 2022 to 12/31/2022)**

**\*ALL APPLICANTS MUST BE REGISTERED ON THE FAMILY CARE SAFETY REGISTRY PRIOR TO SUBMITTING APPLICATION**

**\*Valid Driver License, Social Security Card and active CPR/First Aid must be turned in prior to pre-hire testing**

**\*Work history and education MUST be completed even if resume is submitted**

**Are you applying to work for a specific client: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**If Yes, what is the name of the client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCLAIMER OF LIABILITIES**

1. If I am offered employment, I understand that I may be required to take a post-offer medical examination prior to client contact, in which case Abba’s Hands Home Health Agency offer of employment will be conditioned upon my satisfactory completion of this examination. When post-offer medical examination is required, it will be required of all entering employees in the same job category and the information obtained in the course of the examination will be treated as a confidential medial record. I understand that I may be required to take a pre-employment drug test and understand that any offer of employment by Abba’s Hands Home Health Agency will also depend on my satisfactory completion of this test. I consent to taking a pre-employment drug test if asked.
2. If I am offered employment that requires driving as an essential function, I understand that the offer may be subject to proof of a good driving record, proof of insurance, current driver license and my ability to comply with all driving laws.
3. If I am offered employment, I understand that I may work for other companies. However, the time frame that I work for Abba’s Hands Home Health Agency can not conflict with my other job.
4. The information contained in this application is true to the best of my knowledge. I understand that any misrepresentation of fact, as stated or implied, given in my application, interviews or any other employment form, may be sufficient reason not to hire me and may be for dismissal. I understand and agree that all information furnished in this application will be verified by Abba’s Hands Home Health Agency or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to by in this application prior to the release of any employment information to Abba’s Hands Home Health Agency. I authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give Abba’s Hands Home Health Agency all information relative to such verification and release such individuals, organizations and Abba’s Hands Home Health Agency from any and all liability for any claim or damage resulting therefrom.
5. I understand that Abba’s Hands Home Health Agency is not obligated to provide employment and that I am not obligated to accept employment. Nothing in the application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. I understand that, if I am hired, nothing in this application shall restrict the right of Abba’s Hands Home Health Services to terminate my employment at any time.
6. All applicants must provide a current **State ID and Social Security card** at the time of submitting an application. If you submit a print out verfying you Social Security number, you must bring in the actual card mailed from the Social Security Adminstration within 21 days from the date of your application. If you submit a print out of your State ID you must bring in the actual ID mailed from the Department of Revenue within 14 days from the date of your application. Failure to do so will result in suspension until documents are on file.
7. All Nurse and **CNA** applicants must provide the agency a copy of their certification card at the time of the application. If you do not have your certification card at the time of the application, you must submit your card within 7 days from the date of your application.
8. All applicants applying to work in the **DMH program** must have the following qualifications: Valid drivers license, social security card, registration and clear background screen on the **FCSR,** copy of high school diploma or **GED, CPR and First Aid card and a current TB Test.**
9. All employees must have a clean background screen via the **Family Care Safety Registry, must pass the EDL and OIG** screening clearance in order to work for Abba’s Hands. All screens must be completed prior to hire and are subjected to checked annually. Employees who do not pass the annual safety checks will be suspended until proper documentation has been received for clearance.
10. All employees must have a current TB test and CPR card prior to accepting a client. Failure to provide a current TB test and CPR card will result in your application being placed on hold. All Nurses must have a current physical on file prior to hire. Failure to provide a current physical will result in suspension until documents are on file.
11. All employees must complete references forms within 30 days from the date of hire. Failure to provide reference forms will result in suspension until documents are on file.
12. All employees with Abba’s HandsHome Health Agency must adhere to the anti-kickback policy. The anti-kickback statute makes it illegal for providers to knowingly and willfully accept bribes or other forms of remuneration in return for generating Medicare, Medicaid or other federal health care program business. The federal Anti-Kickback Statute is a criminal statute that prohibits the exchange (or offer to exchange), of anything of value, to induce (or reward) the referral of federal health care program business. You must acknowledge that you will not participate nor accept any kick-backs for business exchanges whatsoever while in position as Abba’s Hands employee.

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



ABBA’S HANDS **HOME HEALTH AGENCY, LLC**

**EMPLOYMENT APPLICATION**

Applicants are not required to give information prohibit by Federal, State/Provincial or Local Law.

Date: \_\_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Are you over the age of 18: Yes\_\_\_ No\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name First Name MI**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address: Number and Street City, State/Province, Zip Code**

Previous Address (if current address is less than 5 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driver’s License#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your driver’s license ever been suspended or revoked? \_\_\_\_yes \_\_\_\_no

If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever entered a plea of guilty or novo contendere to or been convicted of a felony or of anything other than a minor traffic accident? \_\_\_yes \_\_\_no

If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been bonded? \_yes \_no. Have you ever been denied bond coverage? \_yes \_no

Are you a U.S. citizen? \_\_\_ yes \_\_\_no. Are you authorized to work in the U.S.? \_\_\_ yes \_\_\_no.

Would you work: Full Time \_\_Part Time \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education and Training:**

1 High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Did you graduate? Yes\_\_\_\_\_ No \_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_

2 School & Colleges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Did you graduate? Yes\_\_\_\_\_ No \_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_

3 School & Colleges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Did you graduate? Yes\_\_\_\_\_ No \_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_

4 School & Colleges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Did you graduate? Yes\_\_\_\_\_ No \_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_

What starting salary do you expect? \_\_\_\_\_\_\_\_\_\_\_\_\_ Per Hour \_\_\_\_\_\_\_\_\_\_\_

**I understand that if I am applying for the DMH program that I must provide a transcript and or high school diploma that will be verified as proof of my completion. \_\_\_\_ Yes \_\_\_\_\_ No**

**Work History: List most recent employer first, include part-time employment.**

**Employment Dates To-From**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company and Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_

**Position** **held**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immediate Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasoning for leaving**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duties performed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If currently employed, may we contact your employer at this time for a reference? \_\_yes \_\_no**

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**Employment Dates To-From**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company and Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_

**Position** **held**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immediate Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasoning for leaving**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duties performed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The information I have provided is complete and accurate to the best of my knowledge. I also understand that providing the information may disqualify me from further consideration. I also authorize this agency to make any investigation(s) of my personal, financial, and/or credit background (including, but not limited to) obtaining a credit report (also known as a “consumer report” under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose of evaluating my qualifications for employment. This authorization extends for twelve months from today’s date.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgement of Requirements of New Hire**

***I acknowledge my responsibility to attend CPR/First Aid Training and receive documentation of course being completed prior to hire. I also acknowledge that I will receive TB testing prior to accepting a client. The applicant is responsible for all costs associated with all testing requirements. All nurses must provide documentation of having a physical prior to hire If these documents are not on file with Human Resources within the given time frame, I understand that I will not be able to work with Abba’s Hands Home Health Agency***

**PPD** Testing can be received at one of the seven Concentra locations of St. Louis City and/or county health clinics. If hired, you must get TB prior to taking a client. Cost of **TB** testing is at applicant’s expense. If test results are not received prior to hire, applicant will able to take clients.

**CPR**/ **First Aid Training:**  All applicants must provide certification of current and active **CPR/First Aid** prior to being invited for pre-hire testing. If attendant does not have certification, he/she will have not be able to take a client. If no certification is provided, application will be voided.

Physical- All nurses **(LPN’s and RN’s**), if hired, you must provide a current physical. Physical will have to be renewed yearly.

It will be your responsibility to provide the agency with a current copy of your **CPR** Physical and **TB** results, within the recommended time frame.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Screening**

It is mandatory that all applicants be registered with the **Missouri** **Department of Health and Senior Services’ Family Care Safety Registry**. My signature below provides authorization for Abba’s Hands Home Health Agency to conduct a background screening on me. If I am not registered, I will pay the fifteen dollars and twenty-five cent ($15.25) registration fee. Paying this fee does not guarantee employment. If there are findings in my screening, and I want to become an employee, I agree to complete a “**Good Cause Waiver”** Application prior to being hired by Abba’s Hands Home Health Agency. Once complete, Abba’s Hands Home Health Agency will receive a report from the Family Registry indicating a Good Cause Waiver has been received and a case opened on my behalf. The Department of Health and Senior Services may grant (approve) a “Good Cause Waiver” at their discretion. Even with a “Good Cause Waiver”, it is still to the discretion of Abba’s Hands Home Health Agency, if they choose to offer me employment.

**FCSR/OIG/EDL**

* **The FCSR/OIG/EDL** will be checked four times a year

**E-Verify**

* Abba’s Hands Home Health Agency is required by the Department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenship.

**EDL**

* The Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have:
* Abused or neglected a resident, patient, client, or consumer.
* Misappropriated funds or property belonging to a resident, patient, client, or consumer; or
* Falsified documentation verifying delivery of services to an in-home services client or consumer.

No applicant can be employed by Abba’s Hands Home Health Agency until they pass a screening of the Employee Disqualifications List (EDL) and until Abba’s Hands Home Health Agency has obtained a background check on the applicant from the Family Care Safety Registry (FCSR). Anyone listed on the EDL, or OIG will not, under any circumstances, be employed by Abba’s Hands. If hired, the attendant will have a copy of the background check, OIG and EDL placed in their application file. If any new listings appear on either of these background checks, the attendant will no longer be able to be employed by Abba’s Hands Home Health Agency

I have read this policy and understand my employment is conditional pending the outcome of the Missouri Department of Health and Senior Services’ final decision and determination. I also grant permission for you to verify my employment eligibility through E-Verify, OIG and EDL.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Background Screening Application**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever used an Alias (first and/or last names other than the name you used in this application)? Yes \_\_\_\_ No \_\_\_\_ If yes, list all those names you have ever used (please include all maiden names and all married names.)

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2. Have you ever used any other Social Security Numbers? Yes \_\_\_\_ No \_\_\_\_ if yes, list all social security numbers you have ever used.

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3. Have you ever had any of the following: Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (A plea in a criminal prosecution that without admitting guilt subjects the defendant to conviction but does not preclude denying the truth of the charges in a collateral proceeding) Yes\_\_\_\_ No \_\_\_\_ if yes, list all criminal convictions, findings of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets.

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4. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent and authorize Abba’s Hands Home Health Agency to prepare and obtain a consumer report including, but not limited to, information as to my criminal history, employment and/or credit history.

By signing below, I certify that I have read the document carefully, understand it, and agree to it voluntarily and without duress. I agree that withholding any of the information requested in thus document or submitting false information in connection with this document constitutes valid grounds for termination.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Minimum Qualifications**

Department of Health and Senior Services – Division 70 – Division of Missouri Health Net Chapter 91 – Personal Care Program – 13 CSR 70-91.030– Page 5-(3c) Page 6-(4)

Applicant must fulfill the following minimum requirements for hire as an in-home advanced personal care aide.

I acknowledge that I fulfill the following requirements:

**All in-home advanced personal care workers employed by Abba’s Hands Home Health shall meet the following requirements: (Initial all that apply)**

\_\_\_\_\_ I acknowledge that I am 18 years of age or older

\_\_\_\_\_ I acknowledge that I can read, write and following directions

\_\_\_\_\_ I acknowledge that I have at least six months paid work experience as an agency homemaker, nurse aide or household worker, or at least one year of experience, paid or unpaid, in caring for children, sick, or aged individuals, or have successfully completed formal training, such as the basic nursing arts course of nurses training, nursing assistant training or home health-aid training.

\_\_\_\_\_\_ **I acknowledge that I am not a family member of the recipient for whom personal care is to be provided. A family member is defined as a parent, sibling, and child by blood, adoption or marriage, spouse, grandparent or grandchild.**

\_\_\_\_\_\_ I acknowledge that I am certified nurse assistant/person care attendant or,

\_\_\_\_\_\_ I acknowledge that I am licensed practical nurse or, registered nurse

\_\_\_\_\_\_ I acknowledge that I am a competency evaluated home health aide having completed both written and demonstration portions of the test required by the Missouri Department of Health Senior Services and 42 CFR 484.36 or,

\_\_\_\_\_\_ I acknowledge that I have successfully worked for the provider for a minimum of three consecutive months while working at least fifteen hours per week as an in-home aide that has received personal care training.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours of Availability & Location**

In an effort to ensure we meet the needs of all clients, please complete the following indicating your availability.

Please indicate the hours you are available during the 24-hour period for each of the following days:

***Monday \_\_\_\_\_\_\_\_\_Tuesday\_\_\_\_\_\_\_\_\_\_\_\_Wednesday\_\_\_\_\_\_\_\_\_\_\_\_\_Thursday\_\_\_\_\_\_\_\_\_\_\_\_\_Friday\_\_\_\_\_\_\_\_\_\_\_\_\_Saturday\_\_\_\_\_\_\_\_\_\_\_\_Sunday\_\_\_\_\_\_\_\_\_\_***