

Eclectic Healthcare Service LLC.
Employment Application For Personal Care Attendant

Date: ____/____/____

How did you hear of this position?

Please Select One:

Work for A Specific Person Referred To Others _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____/

Physical Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____ E-Mail Address: _____

Can you be reached by E-mail? ____ Yes or ____ No

Please verify that you meet the following qualifications:

Are you at least 18 years of Age? ____ Yes or ____ No

Able to meet the physical and mental demands required to perform specific tasks of the consumer: agree to maintain confidentiality; be emotionally mature and dependable; able to handle emergency situations; and not be the consumer's spouse? (Please select one) ____ Yes or ____ No

Have you live in Missouri for the past 5 years? ____ Yes or ____ No (if No, please list the city and state:

Do you smoke? ____ Yes or ____ No

Background: A background screening via the FCSR must be performed prior to the first day. Have you been charged with an offense other than minor traffic violation? YES or NO Please disclose all criminal convictions, finding of guilt, plea of guilt ,and a pleas of nolo contendere or provide a statement there is no record of such background. Failure disclosure of any criminal information is a violation of the law. If this does not apply please state Non-Applicable (NA)

Are you currently registered with the Family Care Safety Registry? Yes or No

Have you applied for a Good Cause Waiver? Yes or No _____

Do you have Skilled License? Yes or No

Do you have a Valid Driver's License? Yes or No (If Yes, what type) _____

Have you ever worked with a person with physical/cognitive disabilities? Yes or No (If yes, please explain): _____

Have you been in the Military?) ____ Yes or ____ No What Branch? _____ Date Discharge _____

Have you ever been convicted of any criminal convictions, finding guilty or plea of guilty? Yes or No

Plea of Nolo Contendere, except to conduct a pre-employment criminal record check? Yes or No

If No, Please explain: _____

I give Eclectic Healthcare Services, LLC. Consent to a closed record check pursuant to Sec. 610.201, RsMO

Yes or No Please disclosed all criminal convictions, (Charge and Date): _____

Preferences and Availability:

Do you prefer working with: Female Male What days and times are you available:
____ Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat Times: ____ Days ____ Evenings

Please circle the following duties that you are willing and able to perform on a daily basis:

Dressing Laundry Showering Cleaning Feeding Transfer Toilet Routine Meal Preparation Errands Shopping Homework Correspondence

Because Diversity In Healthcare Is Better For You!

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Employment History:

Company Name: _____ Supervisor Name: _____

Dates of Employment: Start Date: ____/____/____/ End Date: ____/____/____

Position: _____ May We Contact This Employer? ____ Yes or ____ No

Eligible for Rehire ____ Yes or ____ No

Duties: _____

Reason for leaving: _____

Company Name: _____ Supervisor Name: _____

Dates of Employment: Start Date: ____/____/____/ End Date: ____/____/____

Position: _____ May We Contact This Employer? ____ Yes or ____ No

Eligible for Rehire ____ Yes or ____ No

Duties: _____

Reason for leaving: _____

Company Name: _____ Supervisor Name: _____

Dates of Employment: Start Date: ____/____/____/ End Date: ____/____/____

Position: _____ May We Contact This Employer? ____ Yes or ____ No

Eligible for Rehire ____ Yes or ____ No

Duties: _____

Reason for leaving: _____

References: (Please provide three) Non-related:

Name: _____ Relationship: _____ Years Known: _____

Address: _____ Contact Number: _____

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Name: _____ Relationship: _____ Years Known: _____

Address: _____ Contact Number: _____

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Name: _____ Relationship: _____ Years Known: _____

Address: _____ Contact Number: _____

I Certify that the answer given are true and complete to the best of my knowledge and I hereby grant permission for the background screening via the FCSR to be performed for employment purposes.

Applicant Signature: _____ Date: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statement on this application shall be grounds for dismissal. I authorized investigation of all statement 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 Eclectic Healthcare Services LLC. for liability for any damage that may results from utilization or such information.

I also understand and agree that no representative of Eclectic Healthcare Services LLC. has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized agency representative.

Applicant Signature: _____ Date: _____

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