Marty’s Miraculous Care, LLC

**Application for Employment**

*(Please Print)*

**Personal Information**

Date:

Name: Last First Middle

Present Address City, State, Zip

Social Security Number Email Telephone

**Federal law prohibits the employment of unauthorized aliens.**

**ARE YOU EITHER AN US CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE UNITED STATE?**

**YES NO**

**ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE: YES NO**

# Have you ever used an aliases or different social security? Yes No If yes, please list all aliases or social security numbers:

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Has your name ever been placed on the departments Employee Disqualification List for any period?

Yes No If yes, please explain:

Have you ever been named as a perpetrator of abuse/neglect or exploitation of a child, elderly person or an adult by a state agency in a case where the state agency determined that the allegations against you were valid or substantiated? Yes No If yes, please explain:

Have you ever plead guilty, nolo contendere or been convicted of any crime, misdemeanor or felony, in this state or any other state, except minor traffic offenses? To fully answer this question, you must disclose any crime for which you received a suspended imposition of sentence whether or not you are still on probation. Yes No If yes, please explain:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT DESIRED** |  |  |  | |
| POSITION | | DATE YOU CAN START | | |
| ARE YOU CURRENTLY EMPLOYED | | | | |
| IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER  YES  NO | | | |  | |  |
| HAVE YOU EVER APPLIED TO THIS AGENCY BEFORE?  YES  NO | | | |  | |  |
| IF SO, WHERE? WHEN? | | | | |
| **ARE YOU REGISTER WITH THE FAMILY CARE SAFETY REGISTRY MAINTAINED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES?  YES  NO** | | | | |
| DO YOU SMOKE?  YES  NO  IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM THE JOB DUTIES?  DO YOU HAVE A SKILLED LICENSE/CERTIFICATION? IF YES LIST TYPE  NOW DID YOU LEARN OF THIS POSITION? DO YOU HAVE YOU OWN TRANSPORTATION AND A VALID DRIVER’S LICENSE? DO YOU HAVE ANY EXPERIENCE WORKING WITH PERSONS WHO HAVE PHYSICAL/COGNITIVE DISABILITIES?  YES  NO IF YES, PLEASE EXPLAIN THE DUTIES.  **WORK PREFERENCES AND AVAILABILITY**  DO YOU PREFER WORKING WITH MALES, FEMALES, OR EITHER  LIST DAYS AND HOURS OF THE WEEK THAT YOU ARE AVAILABLE:  SUN  MON  TUE  WED  THU  FRI  SAT   PLEASE CHECK THE FOLLOWING DUTIES THAT YOU ARE WILLING AND ABLE TO PERFORM ON A DAILY BASIS: | | | | |
| DRESSING | SHOWERING | TOILET ROUTINE | TRANSFERS | |
| MEAL PREPARATIONS | FEEDING | ERRANDS/LAUNDRY | HOUSEKEEPING | |

COMMENTS:

# EDUCATIONAL HISTORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EDUCATION | SCHOOL NAME/LOCATION | NUMBER OF YEARS ATTENDED | DID YOU  GRADUATE? | SUBJECT STUDIED |
| GRAMMAR SCHOOL |  |  |  |  |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS OR OTHER SCHOOL |  |  |  |  |

LIST SPECIFIC TRAINING FOR THE ELDERLY, SUCH AS NURSE’S AIDE TRAINING, ETC:

# EMPLOYMENT RECORD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONTH, DATE AND YEAR | NAME, ADDRESS AND PHONE NUMBER OF  EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM / / |  |  |  |  |
| TO / / |
| FROM / / |  |  |  |  |
| TO / / |
| FROM / / |  |  |  |  |
| TO / / |

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| NAME | ADDRESS, PHONE NUMBER | YEARS ACQUAINTED |
|  |  |  |
|  |  |  |
|  |  |  |
| **PHYSICAL RECORD**  DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  YES  NO  IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? | | |

|  |
| --- |
| IN CASE OF EMERGENCY NOTIFY  NAME/RELATIONSHIP ADDRESS PHONE NUMBER |
| “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 my consent to pre-employment criminal record check I authorize my consent for closed records check  I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for damage that my result from furnishing same to you.  I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without notice.” |

Signature: Date:

# Do not write below this line

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewed by | | | | | | | | | Date / / | | |
| Hired?  Yes  No | |  | Position | | | | | | Dept | | |
| Salary/Wage | | | |  | |  | Date Reporting to work / / | | | | |
| **Documents Used for age verification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Approved:** |  | | | | |  | |  | | |  |
| (1) Executive Director | | | | | (2)  Consumer | | | | | (3)  CDS Coordinator | |