

**Cardinal Home Health Care Services, LLC**

**EMPLOYMENT APPLICATION**

It is the policy of **Cardinal Home Health Care Services, LLC** to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

**NOTE: Do not fill out any part of this employment application you believe to be non-job related.**

Today's Date \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

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

Number(s) of years at this address \_\_\_\_\_

List states and counties of residence for the past seven years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Address \_\_\_\_\_

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

Number(s) of years at this address \_\_\_\_\_

Prior Address \_\_\_\_\_

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

Number(s) of years at this address \_\_\_\_\_

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Prior Address \_\_\_\_\_

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

Number(s) of years at this address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Do you have authorization to work in the U.S?  Yes  No

**Have you used any aliases or Social Security Numbers other than given above?  Yes  No**

**List all aliases and Social Security Numbers used by the applicant other than given above:**

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**Have you been convicted of any criminal convictions and or felonies?  Yes  No**

**Do you have any criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses? Please describe disclosure of all in the boxes below:**

Incident	City and State	Charge

(Conviction will not necessarily be a bar to employment. In accordance with the state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought, and rehabilitation effort will be reviewed.)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**JOB-RELATED SKILLS**

If the job requires, do you have the appropriate valid driver's license?  Yes  No

Name on License \_\_\_\_\_

Driver's License Number (State ID number only if you do not have a driver's license) \_\_\_\_\_

State of Issue \_\_\_\_\_

Type \_\_\_\_\_

Have you ever had any moving violations within the last seven (7) years?  Yes  No

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had your driver's license revoked or suspended?  Yes  No

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

Who should be contacted if you are involved in an emergency?

Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Job Position Applied for \_\_\_\_\_

Have you been given a job description or had the essential job functions explained to you?  Yes  No

Do you understand these essential job functions?  Yes  No

Can you perform the essential job functions of this job with or without reasonable accommodation?

Yes  No

Are you a Certified Nurse Assistant?  Yes; Year \_\_\_\_\_ Certificate Number \_\_\_\_\_ or \_\_\_\_\_  
No

Do you have one-year experience (paid or unpaid) working with the elderly, disabled or children?

Yes  No

If unpaid; explain: \_\_\_\_\_

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

Have you registered for the Caregivers Safety Registry?  Yes  No  
**Cardinal Home Health Care Services, LLC**

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Are you currently on the Employee Disqualification List?  Yes; Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

Salary Desired \$ \_\_\_\_\_ / year, month or hour (circle one)

Who referred you to **Cardinal Home Health Care Services, LLC?**  
\_\_\_\_\_

Have you applied to our company previously?  Yes  No

If yes, when? \_\_\_\_\_

Are you at least 18 years old?  Yes  No

How will you get to work? \_\_\_\_\_

#### **AVAILABILITY**

What shift would you prefer?  Full time  Part time  Temporary  Labor Pool

What schedule would you prefer?  Weekdays  Weekends  Evenings  Nights

If applicable, are you available to work overtime?  Yes  No

If no, please state any limitations: \_\_\_\_\_

If you are offered employment, when would you be available to begin work? \_\_\_\_\_

Are you able to perform the essential job functions applied for, with or without reasonable accommodations?

Yes  No

What reasonable accommodations, if any, would you require? \_\_\_\_\_

**Cardinal Home Health Care Services, LLC**

## **EMPLOYMENT APPLICATION**

## **APPLICANT'S SKILLS**

List any skills that may be useful for the job position you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

**Cardinal Home Health Care Services, LLC**

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**APPLICANT EMPLOYMENT HISTORY**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. FOR EMPLOYERS OUTSIDE THE U.S.A., A CURRENT FAX NUMBER IS MANDATORY.

List your current and most recent employment first.

Are you currently working for this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, may we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To

Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary per hour, week or month (please circle one) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To

Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary per hour, week or month (please circle one) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To

Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary per hour, week or month (please circle one) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To

Job Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary per hour, week or month (please circle one) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT'S EDUCATION AND TRAINING**

If your school records are under a different name than listed on page one, please list

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High School/GED Name and Address

High School	City, State	Phone	Graduated	Diploma

Please circle highest grade completed. 7 8 9 10 11 12

College/University Name and Address

College/University/Trade	City, State	Phone	Graduated	Degree Studied

Do you have any additional training (graduate, technical, vocational, etc.)? \_\_\_\_\_

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Do you have any Awards, Honors, and Special Achievements etc.? \_\_\_\_\_

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Military Service \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch \_\_\_\_\_

Specialized Training \_\_\_\_\_

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**REFERENCES**

List three (3) individuals only familiar with your work ability who are willing to provide a reference for you.  
Do not include relatives or names of supervisors listed above.

Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Number of years known \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Number of years known \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Number of years known \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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## **EMPLOYMENT APPLICATION**

Please provide any other information; such as skills, licenses or certificates that you believe should be considered.

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## Cardinal Home Health Care Services, LLC

### EMPLOYMENT APPLICATION

**Initial on each line and sign at the bottom of the document**

I certify that the **information** provided on this application is **truthful** and accurate. \_\_\_\_\_

I understand that **providing false and misleading information** will be the basis for rejection of my application, or if employment commences immediate **termination**. \_\_\_\_\_

I understand that **Cardinal Home Health Care Services, LLC** has a mandatory obligation with the Missouri Department of Health and Senior Services' Family Care Safety Registry to provide a **background screening**. There is an eleven-dollar (\$11) registration fee if I am not registered. \_\_\_\_\_

I authorize **Cardinal Home Health Care Services, LLC** consent to a pre-employment criminal record check. \_\_\_\_\_

I authorize **Cardinal Home Health Care Services, LLC** consent to a closed records check pursuant to Section 610.120, RSMo. \_\_\_\_\_

I authorize **Cardinal Home Health Care Services, LLC** and/or its **agents**, including **consumer reporting bureaus**, to verify any of this **information**. \_\_\_\_\_

I authorize **Cardinal Home Health Care Services, LLC** to contact former employees and educational organizations regarding my employment and education. \_\_\_\_\_

I authorize my former employees and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. \_\_\_\_\_

I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. \_\_\_\_\_

I understand that the use of **illegal drugs is prohibited** during employment. \_\_\_\_\_

If **Cardinal Home Health Care Services, LLC** policy requires, I am willing to submit a **drug testing to detect the use of illegal drugs** prior to and during employment. \_\_\_\_\_

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of **Cardinal Home Health Care Services, LLC** by its Human Resources, the **employment relationship will be "at-will"**. In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. \_\_\_\_\_

With appropriate notice, I will have the full and complete discretion to **end the employment relationship** when I choose and for reasons of my choice. \_\_\_\_\_

Similarly, my **employer** will have the right to **end the employment relationship**. \_\_\_\_\_

Moreover, **no agent, representative, or employee** of **Cardinal Home Health Care Services, LLC**, except in a specific written contract of employment signed on behalf of **Cardinal Home Health Care Services, LLC** by its Human Resources, has the **power to alter or vary the voluntary nature of the employment relationship**. \_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE OT ITS TERMS.**

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**APPLICANT SIGNATURE**

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**DATE****Cardinal Home Health Care Services, LLC****EMPLOYMENT APPLICATION**

**Cardinal Home Health Care Services, LLC** will have two (2) hours of orientation training on the agency and the protocols for handling emergencies within thirty (30) days of employment. Each employee will be required to complete this orientation which cannot be **WAIVED**, upon completion the employee will sign and date the orientation sheet.

**TWO (2) HOURS CARDINAL HOME HEALTH CARE SERVICES, LLC  
ORIENTATION**

**PRINT** \_\_\_\_\_

**SIGN** \_\_\_\_\_

**DATE** \_\_\_\_\_