

United at Home, LLC

3217 Lemay Ferry Rd, Saint Louis, MO 63125

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PLEASE READ THESE INSTRUCTIONS FIRST.

WE WILL NOT PROCESS YOUR APPLICATION IF INFORMATION IS MISSING.

Do not use white out, erasable ink, red ink, or pencil on the application or other documents. Complete the employment applications in its entirety. We will NOT process incomplete applications.

- ☐ We required address and phone numbers in your employment history.
- ☐ As a requirement for the state of Missouri, all potential personal care Attendants must complete the Family Care Safety Worker Registration form and background screening.
- ☐ Please bring in a photocopy of your social security card along with a one-time fee \$13.25 in the form of checks or money order made payable to Department of Health and Senior Services. (Fees not required if already registered.)
- ☐ Initial each part of the Personal Care Attendant Rights & Responsibility.
- ☐ Complete the I-9 form – This form CANNOT contain errors or mark though corrections.
- ☐ Bring with you/provide 2 forms of proper and current identifications on the I-9 List of Acceptable Forms page. Please make sure that both forms on identifications have the same name on them.

We urged Consumers to choose a Personal Care Attendant with a clean background.

If the screening via Family Care Safety Worker has findings, you may complete a Good Cause Waiver and submit all required documents to the Department of Health and Senior Services in order to become considered for hired. They will review the Good Cause Waiver and make the decision whether you will become eligible for hired. You may not work for any Consumer until the Good Cause Waiver has been reviewed.

Please note: A Personal Care Attendant is not an employee of UAH or the state of Missouri or any department, unit, agency, or subdivision therefore on your application, please do not indicate that United at Home is your employer, unless you held professional position (i.e. Administrative Assistant, United at Home Specialist.)

I verify that I have fully read and understand the conditions described in this instruction sheet.

Additionally, I understand that I am legally mandated to disclose any criminal activity in my background. I will not hold UAH legally responsible, in any manner, if I begin working for any CDS consumer without clearance from a staff member. I understand that I am required to complete all pre-employment documentation and receive approval from Services for UAH before I am considered an employee. Hours worked without approval of UAH, will not be paid by UAH.

Applicant Signature

Date

EMPLOYMENT APPLICATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender _____ Social Security _____

Do you Smoke? Yes _____ No _____ Are you willing to work for people who smoke? Yes _____ No _____

Do you meet the physical and mental demands required to perform specific tasks of the consumer; agree to maintain confidentiality of personal medical information, are emotionally mature and dependable; are able to handle emergency saturation; and are not the CDS consumer's relative? Yes _____ No _____

Have you ever been convicted of crime other than traffic related? Yes _____ No _____

If you answered yes, by law you are required to disclose all criminal convictions, finding of guilt, pleas of no contest, except minor traffic violations. If you do not have a criminal background, please indicate that you have a clear criminal background

Have you ever been listed on EDL?

Yes _____ No _____ Reason _____

Have you ever applied for a Good Cause Waiver?

Yes _____ No _____ When? _____ Why? _____ + _____

✓ Please ask us how to complete a Good Cause Waiver when criminal history is disclosed

Are you registered with the Family Care Safety Registry? Yes _____ No _____ (If no, a payment of \$12 is required)

Do you have a valid driver's license? Yes _____ No _____ Do you own reliable transportation? Yes _____ No _____

Can you read, write and follow directions? Yes _____ No _____

Do you prefer working with male, females or either? _____

Have you identified a consumer to work for? Yes _____ No _____ If yes, whom: _____

Has someone asked you to work for them? Yes _____ No _____ If yes, whom: _____

Are you related to the Consumer? Yes _____ No _____ If yes, state the relationship _____

What experience do you have caring for children, individuals with chronic illness or individuals with diabetes? _____

Have you ever had contacts with us before? _____

How did you hear about this position? _____

EMPLOYMENT HISTORY

List the last 5 years of employment with most recent first.

1. Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for leaving _____

2. Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for leaving _____

3. Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for leaving _____

Do we have permission to contact your past employers? _____

REFERENCE: LIST THREE PERSONAL REFERENCES NOT ARE RELATED TO YOU.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Acknowledgement:

I certify the answers herein are true and accurate to the best of my knowledge and I hereby authorize UAH to perform pre-employment criminal record checks for employment purposes only. I hereby give consent for UAH to perform a closed records check pursuant to Section 610.120 RSMO. I agree that UAH is not liable for any wages for any hours worked until after a background screening via the FCSR has been performed and the results are clear and, if applicable, my Good Cause Waiver is in good standing. Additionally, I understand that if there is any form of background information disclosed during my employment, my employment shall be immediately terminated

Signature of Applicant

Date

United at Home is an equal opportunity/affirmative action institution. All qualified applicants will be considered without regard to race, gender (sex), religion, veteran status, disability, age, sexual orientation and national origin

EMPLOYMENT CONTRACT

EMPLOYER (Consumer)_____

EMPLOYEE (Attendant)_____

WORK SCHEDULE	TIME IN	TIME OUT
Sunday _____	_____	_____
Monday _____	_____	_____
Tuesday _____	_____	_____
Wednesday _____	_____	_____
Thursday _____	_____	_____
Friday _____	_____	_____
Saturday _____	_____	_____

SALARY: ATTENANT/EMPLOYEE WILL BE PAID \$9.00 PER HOUR. PAYROLL IS WEEKLY DUTIES TO BE PERFORMED

Dressing/Grooming	Toilet Bladder/Routine	Treatments	Cooking
Bathing/Hygiene	Asst. Toilet	Clean Main Equipment	Tidy & Dust
Daily Medication	Asst. Transfer Device	Clean Bath	Clean Floor
Medication Refills	Turning/Positioning	Make Bed	Trash
Errand/Shopping	Meal Prep/Eating	Change Lien	Clean Kit
Essential Correspond	Passive ROM	Laundry	Medical Appointment
Ostomy Hygiene	Other	Wash Dishes	Catheter Care

THERE ARE NO OVERTIME OR FRINGE BENEFITS WITH THIS POSTION. BY SIGNING THIS FORM THE EMPLOYER AND EMPLOYEE AGREE TO ALL THE ABOVE MENTIONED TERMS.

SIGNATURE

EMPLOYER (Consumer):_____DATE_____

EMPLOYER (Consumer):_____DATE_____

EMPLOYEE (Caregiver):_____DATE_____

PERSONAL ATTENDANT RIGHTS AND RESPONSIBILITIES

Duties of the Personal Attendant include, but are not limited to, the following:

- Personal Attendant agrees to assist the Employer by providing the services and performing the activities specified in Employer's service plan;
- Personal Attendant agrees to protect the health and welfare of the Employer by providing authorized services in accordance with the policies and standards of the Missouri Department of Health and Senior Services;
- Personal Attendant agrees to provide Personal Attendant Services as specified in the Employer's service plan on a schedule mutually agreed upon between the employer and the personal care attendant;
- Personal Attendant agrees to participate in training in providing services, including training in performing any allowable health activities, as required by the Employer and as specified in the Employer's service plan;
- Personal Attendant agrees to confidentially maintain all information regarding the Employer and to respect the Employer's privacy;
- Personal Attendant agrees to pay all required federal, state, and/or local wage and/or income taxes levied against the Personal Attendant's wages. The Personal Attendant agrees to cooperate with the Employer and the Employer's Fiscal Agent in providing information needed to comply with all income and unemployment taxation laws and regulations;
- Personal Attendant understands that this agreement does not guarantee employment or payment of wages for any time period;
- Personal Attendant understands that the Personal Attendant is employed by the Employer and not by United at Home;
- Employer's property is not to be used for the Personal Attendant's personal use, unless mutually agreed upon by both parties prior to use of property. All private matters discussed during working times shall be kept confidential; and
- Personal Attendants are to be punctual, neatly dressed, and respectful of all family members.
- Personal Attendants have the right to be treated with respect and spoken to appropriately.
- Personal Attendants have all of the rights afforded by Missouri and Federal employment laws where applicable.
- In the event of illness, emergency, or incident preventing Personal Attendant from providing scheduled service to the Employer, the Personal Attendant agrees to notify the Employer as soon as possible so that the Employer can obtain assistance from someone else;
- Personal Attendants must give UAH and Consumer at least 7 days prior noticed before terminating work. If less than 7 days noticed is given; Personal Attendants will be charge a fee. (20% of total paycheck)
- Personal Attendants are required to report to the Adult Abuse and Neglect hotline on any suspicion of abuse or neglect of a consumer.
- Personal Attendant must notify UAH as soon as possible when Consumer is admitted to the hospital or goes out of town. Attendants will not be compensated during the duration of these occurrences.

