CDS ATTENDANT APPLICATION

WHO WILL APPLICANT BE EMPLOYED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT NAME (current): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALIASES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU LIVED OUT OF THE STATE OF MISSOURI IN THE LAST 5 YEARS? \_\_\_\_\_\_ IF YES, WHERE?\_\_\_\_\_\_

PHONE NUMBER (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now or do you intend to work for another Consumer/Employer or other employer? YES:\_\_\_\_\_\_ NO:\_\_\_\_\_\_\_

Have you ever used a different SSN? YES OR NO (Please circle). IF YES WHAT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to the Consumer/Employer? YES or NO (Please circle) IF SO HOW?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criminal Record**

Have you been convicted of a crime or pled guilty or no consent to a crime (excluding minor traffic offenses)? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Have you been granted a Good Cause Waiver? Yes \_\_\_\_ No \_\_\_\_\_

If you answered Yes, please complete the information section below.

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| --- | --- | --- |
| Offense | Date of Conviction or Plea | Location of Conviction or Plea |
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|  |  |  |
|  |  |  |

EMPLOYMENT HISTORY (most recent first)

1. Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates Employed: Position Held:

Duties: Reason for leaving:

1. Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates Employed: Position Held:

Duties: Reason for leaving:

1. Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates Employed: Position Held:

Duties: Reason for leaving:

(REFERENCES: PLEASE ATTACH AN ADDITONAL SHEET WITH THREE (3) PESONAL REFERENCES NOT RELATED TO YOU.)

Are you eligible for rehire?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to pre-employment and quarterly background checks?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to a closed record (fingerprint) criminal background check if deemed necessary?\_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that omissions, misleading information or false information given in this application may result in Consumer/Employer’s refusal to hire me, or if employed, may subject me to discharge at any time after its discovery. I understand any employment with Consumer is conditioned on my consent o criminal background checks as well as the findings/results of such checks. I hereby release any person or organization conducting criminal background checks and/or furnishing criminal record or other background information and Consumer from any and all liability arising out of the conducting of a check or the furnishing of such information. Any such person or organization may rely on a copy of this release.

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

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

Revised 11/2015

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| Heartland Independent Living Center provides services in: Franklin, Gasconade and Maries Counties. On our program, our consumers are responsible for hiring and firing their personal care attendants. The Department of Health and Senior Services mandates Heartland ILC to provide a “Registered Attendants List” for our consumers. This “List” includes individuals with positive (good) background screening, their telephone numbers, and the areas in which they would like to work. If you are interested in working for more than one consumer, please indicate in the space provided below the area in which you would like to work or the distance you are willing to drive from home.  |
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