

**Please read these easy instructions first!**  
**We will not process your application if information is missing.**

Thank you for your interest in providing quality in-home care services for our clients. ***Before proceeding to the application***, please read the following instructions to avoid any misunderstanding regarding your employment, and sign this page where indicated.

- Do not use white out, erasable ink, red ink, or pencil on the application or other documents.
- Complete Sections A, B, & D of the Family Care Safety Worker Registration.
- Complete the employment application in its entirety.
- Disclose any and all criminal history convictions in your background, including misdemeanor, felony, or ordinance violations, except minor traffic violations regardless of when it occurred.
- Sign and date the application.
- Include 2 forms of proper and current identification listed on the I-9 acceptable forms page.
- A background screening via the Family Care Safety Registry (FCSR) and case.net will be performed by our staff. HILC In-Home Care will not pay you for any work completed ***prior*** to an FCSR background screening being performed and HILC In-Home Care has notified you that you are “clear to work”. Any subsequent screening identifying a criminal background for which you have not already disclosed to HILC In-Home Care shall result in termination of ***all*** employment through HILC In-Home Care.
- Complete and sign the **Criminal Records Verification and Consent** before a Notary Public. If this is not signed in front of a notary, it is invalid and will not be accepted.

Complete the **Reference Check Authorization and Release** with at least two professional or other acceptable references. These references cannot be related to you by blood, adoption, or marriage.

- You cannot work for any client if you are related by blood, adoption, or marriage.
- A 8-hour orientation prior to initial client contact is mandated by regulations.

I verify that I have fully read and understand the conditions described in this letter. Additionally, I understand that I am legally mandated to disclose any and all criminal activity in my background. I will not hold HILC In-Home Care legally responsible, in any manner, if I begin working for any in-home client without clearance from an HILC In-Home Care staff member. I also understand that I am required to complete all employment documentation ***before*** I receive any wages.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## HILC In-Home Care Employment Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

**Please complete all fields. If not applicable, mark N/A.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been known by any other names or aliases? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all other names: \_\_\_\_\_

Complete Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Any Other Social Security #s Used \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a **valid MO** Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Do you have auto insurance coverage currently? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you lived outside of MO in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Where? \_\_\_\_\_

### BACKGROUND:

Have you lived in Missouri for the last consecutive five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If **NO**, please list most previous state you resided in and dates you lived there:

State: \_\_\_\_\_ Resided in from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been charged with an offense other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please disclose all criminal convictions, findings of guilt, pleas of guilt, and pleas of nolo contendere with dates, or provide a statement that there is no record of criminal background. Failure to disclose any criminal information is a violation of the law. ***This includes any offense in any state!***

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

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

Have you ever been investigate by the Department of Social Services, Division of Family Services, Department of Health and Senior Services, or any other agency for any type of abuse, neglect or wrong doing? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Are you registered with the Family Care Safety Registry? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for a Good Cause Waiver? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Does your name currently appear on the Employee Disqualification List? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Has your name appeared on the Employee Disqualification List in the past? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

**ELIGIBILITY FOR EMPLOYMENT:**

**To be eligible for employment, you must verify that you meet the following qualifications:**

Are you at least 18 years of age; able to read and write and follow directions; able to meet the physical and mental demands required to perform specific tasks of the client; agree to maintain confidentiality of personal and medical information; be emotionally mature and dependable; able to handle emergency situations; and are not related to the in-home clients you will serve? Yes \_\_\_\_ No \_\_\_\_

**To be eligible for employment, you must meet one of the following qualifications (must supply proof of degree or certification where applicable):**

- At least 6 months paid experience as: Homemaker Nurse Aide Maid Household worker
- One year or more experience paid or unpaid, in caring for children or for sick or aged individuals
- Successful completion of formal training in nursing arts
- Certification in good standing as a nurse aide (C.N.A.) or home health aide
- Licensed Practical Nurse with a Missouri License in good standing
- Registered Nurse with a Missouri License in good standing

**EDUCATION HISTORY**

College/Trade/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_ GP: \_\_\_\_\_

College/Trade/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_ GP: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_ GP: \_\_\_\_\_

**EMPLOYMENT HISTORY – List the last 5 years of employment, most recent first.**

**1)** Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mo/Yr Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_

Complete Address \_\_\_\_\_  
City State Zip Code

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact employer? Yes No

**2)** Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mo/Yr Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_

Complete Address \_\_\_\_\_  
City State Zip Code

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact employer? Yes \_\_\_\_ No \_\_\_\_

**3)** Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mo/Yr Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_

Complete Address \_\_\_\_\_

City State Zip Code

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact employer? Yes No

**ADDITIONAL SKILLS OR EXPERIENCE:**

Describe any special qualifications, skills or experience you have which is applicable to this positions:

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

Do you smoke: Yes \_\_\_ No \_\_\_ Are you willing to work for people who do smoke? Yes \_\_\_ No \_\_\_

Is there any reason why you would not be able to perform the job duties? Yes \_\_\_ No \_\_\_

If the answer is yes, please explain: \_\_\_\_\_

If selected for employment with HILC In-Home Care, what date could you begin? \_\_\_\_\_

REFERENCES: List at least two references not related to you or past employers. HILC In-Home Care staff will contact at least two (2) credible references

1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Full Address \_\_\_\_\_

City State Zip Code

2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Full Address \_\_\_\_\_

City State Zip Code

3) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Full Address \_\_\_\_\_

City State Zip Code

I certify the answers herein are true and accurate to the best of my knowledge. I hereby authorize HILC In-Home Care to investigate all statements contained in this application and perform all required background screenings as deemed necessary for employment purposes. I hereby give consent for HILC In-Home Care to perform a closed records check pursuant to Section 610.120 RSMO.

I agree that HILC In-Home Care is not liable for any wages until the date of 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 I am employed by HILC In-Home Care and it is discovered that there is any false or misleading information given on this application or during my interview, my employment may be terminated.

**Who referred you to HILC In-Home for employment?** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**IS YOUR APPLICATION COMPLETE IN ITS ENTIRETY? IF IT IS NOT, WE WILL NOT PROCESS THE PAPERWORK. LET US KNOW IF YOU HAVE QUESTIONS OR NEED HELP.**

**LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be unexpired**

<p><b>LIST A</b>  <b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p><b>LIST B</b>  <b>Document that Establish Identity</b></p>	<p><b>LIST C</b>  <b>Documents that Establish Employment Authorization</b></p>
<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>3. School ID card with a photograph</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>4. Voter's registration card</p>	<p>5. Native American tribal document</p>
	<p>5. U.S. Military card of draft record</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>6. Military dependent's ID card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>8. Native American tribal document</p>	
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p><b>For person under age 18 who are unable to present a document listed above:</b></p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

**HILC In-Home Care  
Reference Check Authorization and Release**

HILC In-Home Care  
1010 Hwy 28 West, Owensville MO, 65066  
(573) 437-5111; Fax (573) 437-5117

I hereby authorize HILC In-Home Care and its bona fide agents to contact the references I have voluntarily provided for the purpose of evaluating my qualifications for consideration of employment. This authorization is given in accordance with all applicable federal and state laws, regulations, and policies. I understand all information obtained shall be kept confidential.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Other names, aliases, and/or maiden name(s) worked under: \_\_\_\_\_

Signature \_\_\_\_\_ All SSN's used \_\_\_\_\_

\*\*\*\*\*

**Reference Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

We would appreciate your input regarding employment of the above individual. This information shall be kept confidential. Thank you for your response.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_

Would you rehire:    \_\_\_yes            \_\_\_no

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

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

Name of Person providing reference \_\_\_\_\_ Title \_\_\_\_\_

Type of Reference:    \_\_\_ Business            \_\_\_ Personal

Printed Name of person taking reference \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title \_\_\_\_\_

IH Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**HILC In-Home Care**  
**Reference Check Authorization and Release**

HILC In-Home Care  
1010 Hwy 28 West, Owensville MO, 65066  
(573) 437-5111; Fax (573) 437-5117

I hereby authorize HILC In-Home Care and its bona fide agents to contact the references I have voluntarily provided for the purpose of evaluating my qualifications for consideration of employment. This authorization is given in accordance with all applicable federal and state laws, regulations, and policies. I understand all information obtained shall be kept confidential.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Other names, aliases, and/or maiden name(s) worked under: \_\_\_\_\_

Signature \_\_\_\_\_ All SSN's used \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXX

**Reference Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

We would appreciate your input regarding employment of the above individual. This information shall be kept confidential. Thank you for your response.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_

Would you rehire:  yes  no

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

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

Name of Person providing reference \_\_\_\_\_ Title \_\_\_\_\_

Type of Reference:  Business  Personal

Printed Name of person taking reference \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title \_\_\_\_\_

IH Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Criminal Records Verification and Consent**

HILC In-Home Care may inquire with the Department of Health and Senior Services and any other agency whether I am listed on the Employee Disqualification List (EDL) or other lists upon receipt of my employment application. Therefore, I give consent to a criminal records review during my employment.

I consent and acknowledge that record reviews may disclose any criminal history, including conviction, pleas of guilty, or nolo contendere plea to any charge in Missouri or any other state. The statute also includes conviction of a Class A misdemeanor, reporting acts of abuse or neglect as required. The disclosure must include any suspended imposition of sentence (SIS), suspended execution of sentence (SES), or any period of probation or parole; and disclose if my name is listed on the EDL.

I further consent that HILC In-Home Care may obtain criminal records from any legal reporting agency or use a private investigating agency. HILC In-Home Care may request name checks, fingerprint checks, Missouri criminal history and/or national criminal history for employment purposes only.

***(Complete the following section before a Notary Public)***

Legal Printed Name \_\_\_\_\_

All other names/aliases used \_\_\_\_\_

All Social Security Numbers used \_\_\_\_\_

All criminal history, including conviction, pleas of guilt, or nolo contendere, acts of abuse and/or neglect:  
\_\_\_\_\_

***(If no activity exists, please indicate there is no criminal history or acts of abuse and/or neglect.)***

I certify that I have disclosed all criminal history and/or acts of abuse and/or neglect in the foregoing, and I understand that I may face legal penalty and punishment should further criminal history be disclosed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_, State of Missouri, the day and year first above written.

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires:** \_\_\_\_\_