Employment Application

Applicant Information (1 of 2)

Full Name: _____ Date: _____
Last First MI

Address: _____ _____
Street Address Apt/unit #

_____
City State Zip Code

Phone: ( )_____ E-Mail Address: _____

Date Available: _____ Social Security No: _____ Desired Salary: $_____

Position Applying for: _____

Are you authorized to work in the U.S.? YES ☐ NO ☐ Date of Birth: _____

Have you ever worked for this company? YES ☐ NO ☐ If so when? _____

Have you ever been convicted of a felony,found guilty, plea of nolo contendere withexception of minor traffic violation?
YES ☐ NO ☐If yes, please explain: _____

Do you consent to a pre-employment criminal check? YES ☐ NO ☐

Do you consent to a closed record check?YES ☐ NO ☐

Education

High School: _____ Address: _____

Did you graduate? YES ☐ NO ☐Degree: YES ☐ NO ☐

College: _____ Address: _____

Did you graduate? YES ☐ NO ☐Degree: _____

Other: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment (1 of 2)

Company: _____ Phone: (____)_____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

(May we contact your previous supervisor for a reference?) YES ☐NO☐

Previous Employment (2 of 2)

Company: _____ Phone: (____)_____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

(May we contact your previous supervisor for a reference?) YES ☐NO☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading Information in my application or interview may result in my release.

Signature: _____ Date: _____

BACKGROUND SCREENING APPLICATION (1 of 2)

Name (Last, First, M.) _____ Street Address _____ State _____

Zip code _____ Telephone (home) _____ (work) _____ (mobile) _____

Social Security _____ Date of Birth _____

1. Have you ever used an Alias (first and/or last names other than the name you used in this application?

   YES ☐ NO ☐If yes, list all those names you have ever used (please include all maiden names and all married names)

   Full Name: _____
   Last First MI

   Full Name: _____
   Last First MI

2. Have you ever used any other Social Security Numbers? YES ☐ NO ☐

   If yes, list all social security numbers you have ever used.

   _____

   _____

3. Have you ever had any of the following: Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (A plea in a criminal prosecution that without admitting guilt subjects the defendant to conviction, but does not preclude denying the truth of the charges in a collateral proceeding). YES ☐ NO ☐

   If yes, list all convictions, finding of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets.

   _____

   _____

BACKGROUND SCREENING APPLICATION (2 of 2)

4. Do you give consent to a closed Background Check, Pursuant to Section 610.120 RSMO? YES ☐ NO ☐

Allure In-Home Health Services, LLC can employ no applicant until they pass a screening of the Employee Disqualifications List (EDL) and until Allure In-Home Health Services, LLC has obtained a clean background check on the application from the Family Care Safety Registry (FCSR). If an applicant has certain offenses listed on the FCSR background check, the applicant may apply for a "Good Cause Waiver" to the Missouri Department of Health and Senior Services (DHSS). DHSS may grant (approve) a "Good Cause Waiver" at their discretion. Allure In-Home Health Services, LLC will not, under any circumstances, employ anyone listed on the EDL. The FCSR will be checked twice a year. The EDL will be checked four times a year (this included the checks done through the FCSR). If any new listings appear on either of these background checks, the attendant will no longer be able to be employed by Allure In-Home Health Services, LLC. The employee will receive a copy of the background check from DHSS (FCSR) at least twice a year. This simply means that the Allure In-Home Health Services, LLC has requested an updated copy of the attendant's background check for our records. I certify by my signature that the information I have provided on this form is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant Date

Pre-Employment Criminal Record Check Consent

I, _____ authorize Allure In-Home Health Services, LLC to run a pre-employment criminal background check through the State of Missouri, Employment Disqualification List (EDL), Family Care Safety Registry (FCSR) which obtains information from the Missouri Highway Patrol, Missouri Department of Social Services (Child Abuse/Neglect records and Foster Parent records), Missouri Department of Health and Senior Services (EDL and Child Care Facility Licensing records) Child Care Facility Licensing records. **If I am not registered I agree to pay the fourteen dollar ($14.00) registration fee**

EMPLOYEE DISQUALIFICATION LIST (EDL)

I, _____ understand that if the Employee Disqualification List (EDL) results show that I have been found on the list, I will not be hired by ALLURE IN-HOME HEALTH SERVICES, LLC at any time.

FAMILY CARE SAFETY REGISTRY (FCSR)

I, _____ understand that if the Family Care Safety Registry (FCSR) results show that I have a criminal record, I will be required to apply for a Good Cause Waiver (GCW) and provide all appropriate supporting documentation per MO DHSS. The required documents are as follows: 1) Good Cause Waiver Application (provided by FSCR online), 2) Background Results Report from FSCR, 3) personal explanation of each count charged to include, date of each occurrence, individuals involved, outcome of charge, and lessons learned from situation, 4) one sponsor letter from either an employer, school, or credible reference on your character, 5) a detailed list of all employment since the age of 18 years to present, and 6) a personal letter requesting the Good Cause Waiver and why you believe you should be granted the waiver.

I, _____ also understand that until MO DHSS has verified that they have received my Good Cause Waiver and supporting documentation, I cannot be employed by ALLURE IN-HOME HEALTH SERVICES, LLC. Once MO DHSS sends receipt of Good Cause Waiver application, it will be at the discretion of ALLURE IN-HOME HEALTH SERVICES, LLC to offer conditional employment.

I, _____ understand that if MO DHSS denies my Good Cause Waiver application/request, my conditional employment will be immediately terminated by ALLURE IN-HOME HEALTH SERVICES, LLC.

MISSOURI VERIFICATION ON LICENSING (C.N.A., C.M.T, LPN, RN)

I, _____ understand that ALLURE IN-HOME HEALTH SERVICES, LLC will verify my status of licensing through the online verification source. This online system will provide information pertaining to my current status of active or inactive licensing.

E-VERIFY (HOMELAND SECURITY VERIFICATION OF CITIZENSHIP)

I, _____ understand that ALLURE IN-HOME HEALTH SERVICES, LLC will verify my availability to seek employment within the United States. I will provide all necessary documentation (Valid driver's license and social security card) and any additional information to support my authorization to work within the United States.

DISCLOSURE: By signature of my name, I agree and understand that a Pre-Employment Criminal Record Check Consent is a condition of employment with ALLURE IN-HOME HEALTH SERVICES, LLC and is in compliance with 660.317, RSMo, 19CSR 15-7.021(24)(B)1; Section13 of the MO Health Net Division Personal Care Provider Manual and the Program Requirements.

Employee Signature _____ Date _____