

TCH IHS LLC
Taking Care of Home II LLC
& Taking Care of Home LLC
EMPLOYMENT APPLICATION

Applicants are not required to give information prohibited by Federal, State/provincial or local law.

Date: _____ Social Security #: ____ - ____ - ____ Are you over the age of 18: Yes ___ No ___

Last Name	First Name	MI
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Current Address: Number and Street	City, State/Province, Zip Code
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Previous Address (if current address is less than 5 years)

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Driver's License#: _____

Has your driver's license ever been suspended or revoked? ___yes ___no

If so, please explain

Have you ever entered a plea of guilty or novo contendere or been convicted of a felony of anything other than a minor traffic accident? ___yes ___no

If so, please explain

Have you ever been bonded? _yes _no. Have you ever been denied bond coverage? _yes _no

Are you a U.S. citizen? ___ yes ___no. Are you authorized to work in the U.S.? ___ yes ___no.

Would you work: Full Time ___ Part Time ___

Education and Training:

1-High School Name: _____

Address: _____

Phone Number: _____

Did you graduate? Yes _____ No _____ G.P.A. _____

2-Business, Trade School & Colleges: _____

Address: _____

Phone Number: _____

Did you graduate? Yes _____ No _____ G.P.A. _____

3-Business, Trade School & Colleges: _____

Address: _____

Phone Number: _____

Did you graduate? Yes _____ No _____ G.P.A. _____

4-Business, Trade School & Colleges: _____

Address: _____

Phone Number: _____

Did you graduate? Yes _____ No _____ G.P.A. _____

5-Business, Trade School & Colleges: _____

Address: _____

Phone Number: _____

Did you graduate? Yes _____ No _____ G.P.A. _____

What starting salary do you expect? _____ Per Hour _____

I understand if requested, I must provide a transcript and or diploma from the schools or universities I attended as proof of my enrollment. _____ Yes _____ No

Work History: List most recent employer first, include part-time employment.

Employment Dates To-From: _____

Company and Address: _____

Position: _____

Immediate Supervisor: _____

Reasoning for leaving: _____

Duties performed: _____

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Company and Address: _____

Position: _____

Immediate Supervisor: _____

Reasoning for leaving: _____

Duties performed: _____

If currently employed, may we contact your employer at this time for a reference? yes no

The information I have provided is complete and accurate to the best of my knowledge. I also understand that providing the information may disqualify me from further consideration. I also authorize this agency to make any investigation(s) of my personal, financial, and/or credit background (including, but not limited to) obtaining a credit report (also known as a "consumer report" under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose of evaluating my qualifications for employment. This authorization extends for twelve months from today's date.

Signature: _____ Date: _____

Background Screening

It is mandatory that all applicants be registered with the Missouri Department of Health and Senior Services' Family Care Safety Registry. My signature below provides authorization for TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC to conduct a background screening on me. If I am not registered I will pay the thirteen dollars and twenty-five cents (\$13.25) registration fee. If there are findings in my screening, and I want to become an employee, I agree to complete the "Good Cause Waiver" Application prior to being hired by TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC . Once complete, TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC will receive a report from the Family Registry indicating a Good Cause Waiver has been received and a case opened on my behalf. The Department of Health and Senior Services may grant (approve) a "Good Cause Waiver" at their discretion. TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC will not hire any attendant needing a "Good Cause Waiver" until the waiver is **approved, no exceptions.**

FCSR

- The FCSR will be checked ***prior to hire and annually after hired.***

E-Verify

- TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC is required by the Department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenship.

EDL

- The Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have:
 - Abused or neglected a resident, patient, client, or consumer;
 - Misappropriated funds or property belonging to a resident, patient, client, or consumer; or
 - Falsified documentation verifying delivery of services to an in-home services client or consumer.
- The EDL will be checked four times per year.

OIG

- The OIG will be checked four times per year.

No applicant can be employed by TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC , until they pass a screening of the Employee Disqualifications List (EDL) and until

TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC has obtained a background check on the applicant from the Family Care Safety Registry (FCSR). Anyone listed on the EDL will not, under any circumstances, be employed by TCH IHS LLC Taking Care of Home II LLC & Taking Care of Home LLC. If hired, the attendant will have a copy of the background check, OIG and EDL placed in their application file. **If any new listings appear on either of these background checks, the attendant will no longer be able to be employed by TCH IHS LLC.**

I have read this policy and understand my employment is conditional pending the outcome of the Missouri Department of Health and Senior Services' final decision and determination. I also grant permission for you to verify my employment eligibility through OIG, E-Verify and EDL.

Name Printed: _____

Signature: _____

Date: _____

Background Screening Application

Name _____ Street Address _____
City/State/Zip _____ Phone Numbers (Home) _____
(Cell) _____ Social Security No _____ 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.)

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 been listed on the employee disqualification list as provided in section 192.2490?

Yes ___ No ___ if yes, please list when _____

4. Have you ever had any of the following: Criminal history includes any conviction or a plea of guilty to a misdemeanor or felony charge and shall include any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole?

Yes ___ No ___ if yes, list all criminal convictions, findings of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets.

5. I _____ give consent to a closed Background Check and pre-employment criminal record check Pursuant to Section 610.120 RSMO.

6. I _____ do not give consent to a closed Background Check, Pursuant to Section 610.120 RSMO

7. An applicant who knowingly fails to disclose his or her criminal history as required in subsection 5 of this section is guilty of a class A misdemeanor. You may request a copy of your background screening.

By signing below, I certify that I have read the document carefully, understand it, and agree to it voluntarily and without duress. I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for termination.

Signature of Applicant: _____

Date: _____