

RESOLUTIONS 4 PEOPLE



resolving issues for people

1 Mid Rivers Mall Dr. Suite 280
 St. Peters, Mo 63376
 Office (636) 387-6096
 Fax (636) 387-6098
 Office Hours
 Mon - Fri
 8:00 am - 5:00 p.m

Date: _____

EMPLOYMENT APPLICATION

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

Name: _____
Last First MI

Current Address: _____
Number and Street City, State/Province, Zip Code

Previous Address: _____
(If current address is less than 5 yrs.) Number and Street City, State/Province, Zip Code

Home Phone: _____ Cell: _____ Other: _____

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

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 to or been convicted of a felony or of anything other than a minor traffic accident? Yes No

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:

High School Name	Location	School/University Phone Number	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
Business, Trade School & Colleges	Location	School/University Phone Number	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
Business, Trade School & Colleges	Location	School/University Phone Number	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA



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

Employment Dates	Company & Address	Position(s)	Salary	Immediate Supervisor	Reason for Leaving

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

What starting salary do you expect? _____ Per Hour _____

I understand if requested, I must provide a transcript and or diploma form the schools or universities I attended as proof of my enrolment. 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 authorize this agency to contact:
- My previous employers
 - Schools I attended
 - Personal references I have listed

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.

Applicant’s Signature: _____



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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 Resolutions 4 People to conduct a background screening on me. If I am not registered I will pay the eleven dollar (\$11) registration fee. If there are findings in my screening, and I want to become an employee, I agree to complete a "Good Cause Waiver" Application prior to being hired by Resolution 4 People. Once complete, Resolution 4 People 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 Service may grant (approve) a "Good Cause Waiver" at their discretion.

Pre Employment Criminal Record Check

- All applicants are required to obtain a criminal background check which is conditions of employment.

FCSR

- The FCSR will be checked three times a year

E-Verify

- Resolution 4 People 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 a year.

No applicant can be employed by Resolution 4 People until they pass a screening of the Employee Disqualifications List (EDL) and until Resolution 4 People has obtained a clean 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 Resolution 4 People. If hired, the attendant will have a copy of the background check 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 Resolution 4 People.



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SIGNATURE AUTHORIZATION:

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 E-Verify and EDL and criminal record check.

APPLICANT SIGNATURE: _____ DATE: _____

RESOLUTION 4 PEOPLE: _____ DATE: _____

BACKGROUND SCREENING APPLICATION

Name _____

Street Address _____

City/State/Zip _____

Phone Numbers: Home _____ Cell _____

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 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 had any of the following: Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (a pleas 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 criminal convictions, findings of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets.



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4. Do you give consent to a closed records check, Pursuant to Section 610.120 RSMO? [] Yes [] No

Insert FCSR

APPLICANT MINIMUM QUALIFICATIONS FOR HIRE

APPLICANT NAME: _____

Department of Health and Senior Services - Division 15 - Division of Senior and Disability Services - Chapter - Service Standards - 19 CSR 15-7.021 - PAGE 10 (19c)

Applicant must fulfill the following minimum requirements for hire as an in-home service aide.

I acknowledge that I fulfill the following requirements:

All CDS service workers employed by Resolution 4 People shall meet the following requirements: (please check both, if true)

_____ I acknowledge that I am 18 years of age or older

_____ I acknowledge that I can read, write and follow directions

I acknowledge that I meet at least one (1) of the following requirements: (check all that apply)

_____ I have at least six (6) months paid work experience as and agency homemaker, nurse aide, maid or household worker, or

_____ I have at least one (1) years' experience, paid or unpaid in caring for children or for sick or aged individuals; or

_____ I am a _____ Certified Nurse Assistant _____ RN _____ LPN

Additional Information for consideration:

Position you are applying for:

Personal Care Worker _____ RN _____ LPN _____ Other _____

Are you licensed or certified?

RN _____ LPN _____ CNA _____ CMT _____ Other: _____ (Please provide a copy of your license/certificate)

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____



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HOURS OF AVAILABILITY

Dear Applicant,

In an effort to ensure we meet the needs of all clients, please complete the following indicating your availability.

Please indicate the hours you are available during the 24 hour period for each of the following days:

I CAN WORK BETWEEN THE FOLLOWING HOURS:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____