



EMPLOYMENT APPLICATION

Office / Service Type

Medicare Home Health	Medicaid Home Care	Private Duty Care
St. Louis Office 10135 Manchester Rd. St. Louis, MO 63122 [St. Louis County/City]	House Springs Office 4674 Gravois Road House Springs, MO 63051 [Jefferson County]	O'Fallon Office 211 East Elm St., Ste. 1 O'Fallon, MO 63366 [St. Charles County]
Medicaid Medicare	Private Support	Office [NOT FOR CDS]

Applicant Information

Today's Date:

Date Available to Work:

Position(s) Desired:

Mark all boxes indicating availability to work:

<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Weekend	<input type="checkbox"/> Rotating
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Other		

Name (Last, First, Middle Initial):

Different Name(s):

Different SS #:

Address:

City: _____ **ST:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____ **Email:** _____

If under age 18, please indicate date of birth:

Do you have a legal right to work and remain in the U.S.? Yes No

[Proof of citizenship or permanent resident alien status may be required after employment]

Manager Use Only if Verifying to Hire

SS#: _____ **DOB:** _____

Department: _____ **Title:** _____

Emergency Contact Name: _____ **Relationship:** _____ **Best Contact Number:** _____

Home Cell Work

Algonquin Nurses Home Health Care is an Equal Opportunity Employer and will not discriminate on the basis of handicap, veterans status, race, color, creed, religion, national origin, ancestry, age, or sex, as provided by law.



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U.S. Military Service

Have you ever been a member of the U.S. Military Service? Yes No **Branch:**

Date Entered: **Date Discharged:** **Rank at Discharge:**

Special skills, training, or experience acquired:

Education

School Level	Name & Location	# of Yrs	Graduate?	Major Subjects
High School				
College				
Trade, Business, Etc.				

Legal

1. Have you ever been convicted, pled guilty, or nolo contendere, in this state or any state, to a misdemeanor or felony charge, except minor traffic violations? Yes No
If yes, please explain, giving dates, and your age.
2. Are you currently on the Employee Disqualification List (EDL) for the State of MO? Yes No
3. Have you resided in the State of MO in the last (5) five years? Yes No
4. Have you worked in the State of MO in the last (5) five years? Yes No
5. Are you currently or have ever been on the Office of Inspector General's (OIG) list for fraud, waste and abuse? Yes No

Explanation:

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I also understand that a Family Care Safety Registry (which is, among other things, a pre-employment criminal record check), an EDL, E-Verify, and I-9 will be processed prior to hire or immediately after hire. If a positive finding is reported, this may be grounds for not hiring or dismissal.

An email address is required for Family Care Safety Registry if you are not registered in Jefferson City, FCSR Unit.

I also agree to a closed records check if applicable.

I authorize investigation of all statements contained herein and for all references and employers. They are to give to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and to release the Company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: **Signature:**



EMPLOYMENT HISTORY

Former employers, listing most recent first.

May we contact your present employer?

Yes

No

Company #1

Company Name: _____ Job Title: _____
 Address: _____
 City, ST, Zip: _____ From - To: _____
 Supervisor: _____ Telephone: _____
 Ending Wage: _____ Reason for Leaving: _____
 Job Duties: _____

Company #2

Company Name: _____ Job Title: _____
 Address: _____
 City, ST, Zip: _____ From - To: _____
 Supervisor: _____ Telephone: _____
 Ending Wage: _____ Reason for Leaving: _____
 Job Duties: _____

Company #3

Company Name: _____ Job Title: _____
 Address: _____
 City, ST, Zip: _____ From - To: _____
 Supervisor: _____ Telephone: _____
 Ending Wage: _____ Reason for Leaving: _____
 Job Duties: _____

Company #4

Company Name: _____ Job Title: _____
 Address: _____
 City, ST, Zip: _____ From - To: _____
 Supervisor: _____ Telephone: _____
 Ending Wage: _____ Reason for Leaving: _____
 Job Duties: _____

Company #5

Company Name: _____ Job Title: _____
 Address: _____
 City, ST, Zip: _____ From - To: _____
 Supervisor: _____ Telephone: _____
 Ending Wage: _____ Reason for Leaving: _____
 Job Duties: _____

Other References - List three (3) individuals who are NOT former employers or relatives

Name	Address	City, State, Zip	Phone	Occupation	Years Known
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REFERENCE RELEASE FORM

Applicant - this form is only to be signed by you in the box below. It will be completed by others.

Date:

To:

Name of Company:

Address:

City, State, Zip:

OR Fax #:

You have been given as a reference as a former employer by the applicant below. We cannot overemphasize the importance of your assistance, as we place a great importance on the thorough screening of all our applicants.

This information will be held in strict confidence. Thank you in advance for your prompt reply.

Branch Name:

RETURN TO:

Branch Manager

Q/A

I Hereby Authorize the Following Information to Be Released

Applicant:

SS#:

Position Held:

Dates Employed: From ___ To ___

Applicant's Signature:

Date:

1. Please comment on the applicant's following attributes: reliability and attendance; cooperation; competency; supervisory ability & capacity; overall appearance; health.

Response:

2. Please indicate specialty areas in which the applicant has experience.

Response:

3. Please state any characteristics we should consider that would influence the assignments we would give this individual.

Response:

4. Any additional comments.

Response:

5. Is the applicant eligible for rehire?

Yes

No

If no, why not?

Response:

Signature:

Position:

Date:

RETURN THE COMPLETED FORM TO THE FAX NUMBER ABOVE



CLINICAL EXPERIENCE / SKILLS

Check the CONDITIONS you have	Check the PROCEDURES you are	Additional home care
knowledge and clinical experience:	able to do:	procedures / training
Aphasia Alcohol Amputees Arthritis Blindness Burns Cancer Cataracts Coma Confusion Heart Failure Convulsions Deafness Mentally Ill Drug Abuse Diabetes Emphysema Fractures G-Tube High BP Incontinence Infant Care Child Care MS Pacemaker Quadriplegic Shock Stroke	Ace Bandages Assist w/ amputation Skin Care Baths Bed Sores Check BP & P Charting Catheter Care Bed Making Dressings Colostomy Care Breathing exercises Heat Lamp Enemas ROM Meal Planning I & O Mouth Care Shampoo Shaving Urine Testing Hoyer Lift Bowel Program CPR	<p>List any home care procedures you have performed in the home:</p> 1. 2. 3. 4.
		<p>List any recent in-service programs you have attended:</p> 1. 2. 3. 4.
		Have you had an in-service program on Universal Precautions or Infection Control? Yes No Date:
		Have you ever taken care of children, infants, elderly, or the disabled? Yes No If yes, explain:

GAIT BELTS ARE REQUIRED WHEN TRANSFERRING PATIENTS

Do you have any work related claims against you or any other individual? Yes No

For the professional applicant - Please list procedures you are qualified to perform unassisted or any special skills:

1: **2:**

1: **2:**

Signature: **Date:**



CANDIDATE'S QUALIFICATIONS FOR HIRE

The candidate (print name):

fulfills the following minimum requirements for hire as an in-home service worker:

- | | | |
|--|-----|----|
| 1. Candidate is 18 years of age? | Yes | No |
| 2. Candidate is able to read, write, and follow instructions? | Yes | No |
| 3. Candidate meets one of the following experience qualifications: | | |
| a. Has at least 6 months paid experience as: | | |
| i. Agency Homemaker | Yes | No |
| ii. Nurses Aide | Yes | No |
| iii. Maid | Yes | No |
| b. Has at least one year experience (paid or unpaid): | | |
| i. Caring for Children | Yes | No |
| ii. Elderly | Yes | No |
| iii. Infirm | Yes | No |
| c. Has successfully completed training as: | | |
| i. Certified Nurses Aide | Yes | No |
| ii. LPN | Yes | No |
| iii. RN | Yes | No |
| 4. Additional justification: | | |

Candidate's Signature:

Date:

Manager's Signature:

Date:



EMPLOYEE AGREEMENT

- 1 We schedule work as needs are called into our staffing coordinators. On this basis, we cannot guarantee employment. Note: If the schedule allows the hours / work, you can work up to (40) forty hours per week. Algonquin Nurses will only offer (40) forty hours per week for each employee.
- 2 Since we require direct deposit, our monies should be in your bank / on your card every Thursday a.m. You will be paid for the previous week's completed shifts. Your pay stubs will be mailed to you each week.

PLEASE OPEN AND KEEP YOUR PAY STUBS AND READ ANY ENCLOSURE!

YOUR PAYCHECK WILL NOT BE PROCESSED IF:

- a. You do not work the scheduled time and/or date.
- b. You exceed the approved and authorized times.
- c. It is your responsibility to clock in and out and input the correct task codes for each shift to be paid correctly.

IN THE RARE CIRCUMSTANCE THAT YOU MUST FILL OUT A PAPER TIMESHEET, THE FOLLOWING CAN DELAY YOUR PAYCHECK:

- d. If errors are found on your timesheet, such as, but not limited to, dates of service being incorrect, time in/time out being incorrect, task completed not matching the care plan, breakdown of service types (PC, HC, RS, etc.) not matching the state care plan, duplicated timesheets, or Consumer and/or Attendant signatures missing.

IF YOU ARE PAID INCORRECTLY, THE ADJUSTMENT WILL BE MADE ON YOUR NEXT PAYCHECK.

While you are working, you will abide by all the established rules, regulations, and procedures of Algonquin Nurses Home Health Care.

While working as an Algonquin Nurses Home Health Care employee, if a complaint is made about you, we will act as your advocate in resolving the matter. However, if your work performance or attitude draws repeated complaints, you will be terminated. Algonquin Nurses Home Health Care will not offer work to any employee who is frequently tardy or has numerous late cancellations (within 24 hours of assignment). Failure to report for a scheduled assignment without calling the office is grounds for immediate dismissal.

For Private Duty Only - If the client to whom you are assigned wishes to hire you, a non-refundable Finder's Fee of \$10,000 must be paid to Algonquin Nurses Home Health Care by either you or the client. A two week written notice of intent is required. Any violation of the foregoing will result in court action.

Algonquin Nurses Home Health Care is an equal opportunity employer and provider of services.

A physician's return to work statement is required for illness, injury, or pregnancy. This statement will indicate any work restrictions.

Employee must be physically able to do the assigned work. We do not have light duty assignments.

Date:

Signature:

Printed Name: