



Personal Data

Name: _____ Social Security Number: _____

List All Names Ever Use By You: _____

List All Social Security Numbers Ever Use By You: _____

Address: _____ City _____ State: MO Zip: _____

Phone (primary): _____ Phone (alternate): _____

Have you been domiciled (resided) in Missouri for all of the past five years? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___ Verification of age by submitting a copy of a valid Driver's license and/or birth certificate. Do you have a valid driver's license? Yes ___ No _____. Do you have any criminal convictions, finding of guilt, pleas of guilty, or pleas of nolo contendere, except for minor traffic offenses? Yes ___ No ___

Signature of Applicant _____ Date: _____ Do you consent to a pre-employment criminal record check? Yes ___ No ___

Signature of Applicant _____ Date: _____. Do you consent to a sealed (removed from general review) record check Yes ___ No ___

Signature of Applicant: _____ Date: _____

Have you disclosed any name aliases/SSN's Yes ___ No _____. If yes list here _____

Signature of Applicant _____ Date: _____

You are required to disclose this information on this application, please provide the details below:

Do you smoke? Yes ___ No _____. Are you available to work over holidays? Yes ___ No _____. Do you have any physical limitations that would prevent you from performing the essential duties of the job? If yes, describe the physical limitations: _____.

How did you hear about the position? _____.

Are you related to the consumer that you are working for? Yes _____ No _____. If yes how?
 _____. Have you ever worked with a person with physical disabilities Yes _____ NO _____. If
 yes, please explain types of disabilities and job
 duties: _____.

Preference and Availability

Do you prefer working with males, females, or either? _____.

Indicate the hours of each day you are available:
 SUN. _____ MON. _____ TUES. _____ WED. _____ THU. _____ FRI. _____
 SAT. _____

Please mark the following duties you are willing to perform:

_____ BLADDER CARE _____ SHOPPING _____ HOUSE CLEANING _____ GROOMING/MINOR HYGIENE
 _____ BOWEL CARE _____ LAUNDRY _____ TRANSPORTATION _____ EQUIP. MAINTNEANCE
 _____ UNDRRESSING _____ DRESSING _____ ROM EXERCISES _____ BATH (OR) SHOWER
 _____ MEDICATIONS _____ TRANSFERS _____ TURNING IN BED _____ MEAL Preparation
 _____ MEAL CLEAN-UP _____ MEAL CONSUMPTION OTHER: _____.

Would you **ALC** provide your contact information to (other) consumers? _____ Yes _____ No. If
 yes where would you accept (more) work? _____

Employer Name	Telephone Number	To(month/year)
Address	From (month/year)	Hours per week
Job Title	Number Employees Supervised	Last Salary
Duties and Responsibilities		
Reason For Leaving		
May We Contact The Employer	Yes	IF No, EXPLAIN
Are you eligible for rehire	If no, explain	
Supervisor		

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Are you eligible for rehire	If no, explain	
Supervisor		

REFERENCES

Please list three personal references not related to you.

Name: _____ How did you know them?: _____

Address: _____ Phone: _____

Name: _____ How did you know them?: _____

Address: _____ Phone: _____

Name: _____ How did you know them?: _____

Address: _____ Phone: _____

Comments: _____

To acknowledge 90 day probationary period please sign below.

Sign Here: _____

I certify that the answers given herein are true and complete to the best of my knowledge. Sign: _____ Date: _____

Anointing Loving Care, LLC accepts job applications for Personal Care Attendant (PCA) positions as a service to consumers who may need PCA'S and keeps these applications on file for six months. Consumers establish working relationships with PCA'S as the PCA'S employer. ALC is neither the employer nor an independent contractor for or with consumers or PCA'S. PCA'S are responsible for negotiating working relationships with individual consumers, including discussion or responsibility for payment of taxes, etc.

I certify that the answers given herein are true and complete to the best of my knowledge and I hereby grant permission for a background screening via the Family Care Safety Registry (FCSR) to be performed for employment purposes.

Signature of Applicant: _____ **Date:** _____