EMPLOYMENT APPLICATION FOR Loving Angels

Applications will not be processed unless this application is completed entirely:
(Please Select One) ☐ Work for A Specific Person ☐ Be Referred to Others

Name: _____ SSN: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Telephone: _____ Mobile: _____

Can you verify that you meet the following qualifications?
You are at least 18 years of age? Yes ☐ No ☐
You are a citizen of the United States? Yes ☐ No ☐ If No, are you authorized to work in the United States? Yes ☐ No ☐
You agree to maintain confidentiality? Yes ☐ No ☐
You are emotionally mature and dependable? Yes ☐ No ☐
Can you handle emergency situations? Yes ☐ No ☐

Have you lived in Missouri for the past 5 years? Yes ☐ No ☐
If No, please list the state you lived in. _____
Do you smoke? Yes ☐ No ☐
How did you learn of this position? _____
Is there any reason why you would not be able to perform the job duties? Yes ☐ No ☐
If Yes, please explain below: _____
_____

If you are hired for the position, you selected above, a background screening by the Family Care Safety Registry (FCSR) must be conducted before your first day of employment.

Please read the following questions carefully and respond truthfully and fully.
Have you been charged with an offense other than a minor traffic violation? Yes ☐ No ☐

Please disclose all criminal convictions, findings of guilt, pleas of guilt, and pleas of nolo contendere or provide a statement that there is no record of such background. Failure to disclose any criminal information is a violation of the law. If this does not apply, please use N/A.
If Yes, **Give Offense and Date for Each Crime**: _____
_____
_____

I give **Loving Angels, LLC** consent to conduct a pre-employment criminal record check.

Yes ☐ No ☐ If No, please explain: _____

I authorize **Loving Angels, LLC** to conduct a closed record check pursuant to Section 610.120, RSMo. Yes ☐ No ☐ If No, please explain: _____
_____

_____

Have you ever used any aliases and social security numbers other than the name and social security number you used on this application? Yes ☐ No ☐

If Yes, please disclose all aliases and social security numbers that you have used: _____

_____

_____

Are you registered with the Family Care Safety Registry (FCSR)? Yes ☐ No ☐

Have you applied for a Good Cause Waiver? Yes ☐ No ☐ If YES, When? _____

Are you listed on the Employee Disqualification List (EDL)? Yes ☐ No ☐

Do you have a Skilled License? Yes ☐ No ☐ If YES, what type? _____

_____

_____

Do you have a valid Driver's License? Yes ☐ No ☐

Do you have transportation? Yes ☐ No ☐

Have you ever worked with persons with physical/cognitive disabilities, any paid or unpaid health care experiences, caring for: children; the sick; older adults? Yes ☐ No ☐

If yes, please explain: _____

_____

_____

PREFERENCES AND AVAILABILITY

WHAT DATE WOULD YOU BE AVAILABLE TO START WORK IF HIRED? _____

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

What days and hours are you available? Sun _____ Mon _____ Tue_____

Wed _____ Thurs _____ Fri _____ Sat _____

EMPLOYMENT HISTORY (PLEASE START WITH YOUR MOST RECENT EMPLOYMENT)

Company Name: _____ Phone: _____

Supervisor: _____ Position: _____

Dates Employed: _____ May we contact this employer? Yes ☐ No ☐

Duties: _____

_____

_____

Reason for leaving: _____

_____

_____

Are you eligible for rehire? Yes ☐ No ☐

Company Name: _____ Phone: _____

Supervisor: _____ Position: _____

Dates Employed: _____ May we contact this employer? Yes ☐ No ☐

Duties: _____

_____

_____

Reason for leaving: _____

_____

Are you eligible for rehire? Yes ☐ No ☐

Company Name: _____ Phone: _____
Supervisor: _____ Position: _____
Dates Employed: _____ May we contact this employer? Yes ☐ No ☐
Duties: _____
_____
_____
Reason for leaving: _____
_____

Are you eligible for rehire? Yes ☐ No ☐

REFERENCES

Name/Title: _____ Phone: _____

Address: _____ E-mail: _____

Name/Title: _____ Phone: _____

Address: _____ E-mail: _____

Education/Training/Licensure/Certifications

Have you served in the U.S Military? Yes ☐ No ☐ If Yes, please provide the information requested. Branch of Service: _____
Date of Service: _____ to Rank at Discharge: _____
Type of Discharge: _____ If other than honorable, explain:
_____.
Work Assignment/Duties: _____.
High School: _____ Address: _____
Attended From _____ To _____ Did you graduate? Yes ☐ No ☐
Diploma ☐ GED ☐ Area of Study ☐ General ☐ Technical ☐
Community College: _____ _____Address: _____
City: _____ State: _____ Zip: _____
Attended From _____ To _____ Did you graduate? Yes ☐ No ☐
If Yes, what Degree did you earn? _____
College/University: _____ Address: _____
City: _____ State: _____ Zip: _____

Licensure/Certifications

Position	License Number	Received	Expires
Registered Nurse (RN)			
Licensed Practical Nurse (LPN)			
Certified Nurse Aide (CNA)			
Nurse's Aide			
Home Health Care Aide			
Other			

Emergency Contact

In case of an emergency, I would like for **Loving Angels, LLC** to contact the following persons:

Name: _____ Phone: _____

Address: _____ Email: _____

Relationship: _____ Mobile: _____

I _____ certify that all the information contained in this application is true and complete and I authorize verification of any or all information presented above.

Signature of Applicant: _____ ***Date:*** ___/___/____

Loving Angels, ***LLC is an equal opportunity employer. In accordance with the Civil Rights Act of 1964, our agency does not discriminate in employment due to race, creed, religion, age, national origin or disability.***

For Office Use Only

Family Care Registry Confirmation # _____ Operator #_____

Date Checked: _____ EDL: Yes ☐ No ☐ Date: _____

Other Pre-Employment Due Diligence: _____

_____

_____

_____

_____

“Please Read This Statement Carefully Before Signing This Application”

Statement:

I understand that employment with **Loving Angels, LLC** is at-will, meaning that the company or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize **Loving Angels LLC** to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release **Loving Angels, LLC** and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, organizations, and firms named to provide any requested information.

I understand that **Loving Angels, LLC** requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand and certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

Mission Statement

Loving Angels' mission is to enhance the quality of well-being of others with the assistance of our devoted employees.

Loving Angels provides a safe, nurturing and developmentally appropriate program which fosters quality care in a well-rounded environment.

- We foster innovation.
- We embrace team work.
- We strive for excellence.
- We respect and support families.
- We commit to service at all levels.
- We respect and appreciate diversity.
- We actively listen and seek to understand.
- We communicate openly and productively.
- We use resources creatively and responsibly.