

DCAI Foundation
In-Home & Individualized Support Services
Employment Application

P.O. Box 706; 83 South Hwy 49; Viburnum, Mo 65566
 Phone: 573-244-5510
 Fax: 573-244-5511

General Information (PLEASE PRINT)

Position Applying for: RN LPN Home Care/Direct Care Aide

Name: _____ Application Date: _____
(Last) (First) (Middle)

Please list any alias(s) used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

Have you lived in the State of Missouri for at least the past five (5) years? YES NO

If NO, please indicate other states: _____

Home Phone: _____ Alternate Phone: _____

Social Security Number: (List ALL Social Security Numbers Used): _____

Are you available (check all that apply): Full-time Part-time As Needed (PRN)
YES NO

Are you at least eighteen (18) years of age?		
Are you legally eligible for employment in the United States?		
Are you able to read, write, and follow directions?		
Do you have at least six (6) months paid experience as a homemaker, nurse aide, or household worker?		
Do you have at least one (1) year experience, paid or unpaid, in caring for children, sick or elderly individuals?		
Have you successfully completed a formal training in nursing arts or as a nurse aide or home health aide?		
Do you have experience caring for individuals with developmental disabilities?		
Are you currently listed on the State of Missouri's Employee Disqualification List (EDL)?		
Do you have any criminal convictions, findings of guilt, pleas of guilty, and/or pleas of nolo contendere except minor traffic violations? (if yes, please explain): _____		

By initialing below I consent to a pre-employment criminal record check, closed record check, Employee Disqualification List (EDL) screening, Office of Inspector General List of Excluded Individuals/Entities (OIG/LEIE) screening, and a Family Care Safety Registry (FCSR) background screening to assist in determining my eligibility for this position. If there is a negative finding on my FCSR Background screening, I understand that I may apply for a Good Cause Waiver. I also understand that this employer participates in E-Verify to verify my eligibility for employment in the United States.

Initial to Agree

EDUCATION

Name of High School: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate: _____ Diploma or GED _____

Business/Trade/Technical School: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate: _____ Degree or Diploma? _____

College or University: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate: _____ Degree or Diploma? _____

College or University: _____

Location: _____ Course of Study: _____

Number of Years Completed: _____ Graduate: _____ Degree or Diploma? _____

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EMPLOYMENT HISTORY

Please list accurate, complete Full-Time and Part-Time Employment Records starting with the most recent employer:

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____ Permission to contact this employer? YES NO

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____ Permission to contact this employer? YES NO

Company Name: _____ Phone: _____

Address: _____ Dates Employed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____ Permission to contact this employer? YES NO

DCAI Foundation is required by statute to contact at least two references as a condition of employment.

Please list **at least two** references **NOT** related to you:

[By providing the following information, I am granting permission for DCAI Foundation to contact any/all of the mentioned references for the purpose of evaluating my qualifications for consideration of employment [_____]

Initial

REFERENCES:

Name: _____ Address: _____ Relationship: _____ Phone: _____	Name: _____ Address: _____ Relationship: _____ Phone: _____
Name: _____ Address: _____ Relationship: _____ Phone: _____	Name: _____ Address: _____ Relationship: _____ Phone: _____

Are you:

- Able to work weekends/evenings/holidays? _____
- Available to be "On-Call"? _____

This information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that this application will remain in effect for twelve (12) months from the date of the application and should be updated and re-submitted at that time.

Applicant Signature

Date of Application

For Office Use Only:

Date of Birth: _____

Position: Personal Care Worker – Delivers Services to Clients

Administrative – Performs Admin duties for DCAI Foundation

Date of Hire: _____

Last Date of Employment: _____