

NorthEast Independent Living Services In-Home Application for Employment

909 Broadway, Ste 350
Hannibal, MO 63401
Phone: (573) 221-8282
Fax: (573) 221-9445

GENERAL INFORMATION	Name: Last	First	Middle	Application Date		
	Street Address			Home Telephone		
	City	State	Zip	Alternate Telephone		
	Is this the same as your mailing address? If no, please disclose:			Have you lived in the state of Missouri for at least the past 5 years?		
	Social Security Number			Please list any other Social Security #s and/or Aliases used:		
	Position Desired			Expected Pay		
	Do you prefer Full-Time, Part-Time or PRN? What hours can you work?			Are you at least 18 years of age?		
	Are you legally eligible for employment in the Unites States?			Are you able to read, write, & follow directions?		
	Do you have at least 6 mths paid work experience as a homemaker, nurse aide, maid, or household worker? _____					
	Do you have at least 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? _____					
	Are you currently listed on the State of Missouri's Employee Disqualification List? _____					
	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 below... _____					
	<p>By initialing below, I consent to a pre-employment criminal record check, closed record check, employee disqualification list check, and a Family Care Safety Registry Screening to assist in determining my eligibility for this position. If there is a negative finding on my 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.</p> <p style="text-align: right;">To agree, initial here: </p>					
AVAILABILITY	Please list days/hours of weekly availability:					
	Sunday _____	Can you work overtime if needed? _____				
	Monday _____	Are you available to be "On-Call"? _____				
	Tuesday _____	Are you able to lift at least 50 lbs? _____				
	Wednes. _____					
	Thursday _____					
	Friday _____					
Saturday _____						
EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Graduate?	Degree or Diploma?
	High School					
	College					
	College					
	Business/ Trade/ Technical					

REFERENCES

As a condition of employment, NEILS is required to contact each reference listed. Please list at least three references. At least two **MUST** be professional, preferably managers or supervisors.

Reference Name: _____	Relationship: _____
Telephone: _____	Address: _____
Reference Name: _____	Relationship: _____
Telephone: _____	Address: _____
Reference Name: _____	Relationship: _____
Telephone: _____	Address: _____

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR MOST RECENT EMPLOYER.

Please use the check boxes to allow us to either contact or not contact your past employers.

EMPLOYMENT HISTORY	Company Name	Telephone	<input type="checkbox"/> May Contact
	Address	Dates Employed From _____ To _____	
	Supervisor's Name	Salary	
	Job Title	Reason for Leaving	
	<input type="checkbox"/> May Not Contact		
	Company Name	Telephone	<input type="checkbox"/> May Contact
	Address	Dates Employed From _____ To _____	
	Supervisor's Name	Salary	
	Job Title	Reason for Leaving	
	<input type="checkbox"/> May Not Contact		
	Company Name	Telephone	<input type="checkbox"/> May Contact
	Address	Dates Employed From _____ To _____	
Supervisor's Name	Salary		
Job Title	Reason for Leaving		
<input type="checkbox"/> May Not Contact			

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 only 6 months from the date of the application and should be updated and re-submitted at that time.

Applicant Signature

Date of Application