



Comfort of Home
HEALTHCARE

Employment Application Comfort of Home Healthcare

Comfort of Home Healthcare is an equal opportunity employer and affords equal opportunity to all for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, marital or family status, genetic information or any other status protected under local, state or federal law.

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. None of the questions on this form are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position(s) Applied for _____ Today's Date: _____

Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ When are you available to work? _____

_____	_____	_____	_____
Last Name	First Name	Middle Name	Telephone Number
_____	_____	_____	_____
Present Street Address	City	State	Zip Code

Are you 18 years or older? Yes ☐ No ☐

If hired, can you furnish proof you are eligible to work in the U.S. Yes? ☐ No ☐

Have you used any other aliases and/or social security numbers before?..... Yes ☐ No ☐

If yes, list them here _____

Have you ever applied here before?..... Yes ☐ No ☐ If yes, when? _____

Were you ever employed here?..... Yes ☐ No ☐ If yes, when? _____

Have you ever been convicted of any law violations, criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere (except a minor traffic violation) Or have any pending/presently ongoing?..... Yes ☐ No ☐

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered)

Is anyone related to you employed at Comfort of Home Healthcare? Yes ☐ No ☐

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____.

Have you ever been fired or asked to resign from a job?..... Yes ☐ No ☐

If yes, please explain: _____

Can you with or without reasonable accommodation perform the essential functions of this job? Yes ☐ No ☐
(If you have any question about the functions of the job, please ask the interviewer before answering this question.)

Education

	Name and Location of School	Course of Study	Number of years completed	Diplomas/Degrees/Licenses with license number
Elementary School				
High School				
College				
Vocational School				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, certifications or skills you have (E.g. CPR, Level 1 Med Aid certifications).

Have you received any job-related training in the United States Military: Yes ☐ No ☐

Please give dates and explanation: _____

Begin with your present or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach additional paper if necessary.

Company Name	Job Title and Duties
Address	Dates of Employment
City, State, Zip Code	From: _____ To: _____
Supervisor (Name and Title)	Pay: _____
	Start \$ _____ Final \$ _____
	Reason for Leaving
Company Name	Job Title and Duties
Address	Dates of Employment
City, State, Zip Code	From: _____ To: _____
Supervisor (Name and Title)	Pay: _____
	Start \$ _____ Final \$ _____
	Reason for Leaving
Company Name	Job Title and Duties

Address	Dates of Employment
City, State, Zip Code	From: _____ To: _____
Supervisor (Name and Title)	Pay: _____
Company Name	Start \$ _____ Final \$ _____
Address	Reason for Leaving
City, State, Zip Code	Job Title and Duties
Supervisor (Name and Title)	Dates of Employment
	From: _____ To: _____
	Pay: _____
	Start \$ _____ Final \$ _____
	Reason for Leaving

Are you presently employed?Yes ☐ No ☐

If yes, may we contact your present employer?Yes ☐ No ☐

Provide three references that are not related to your or our previous supervisors who can provide references. **(You will not be called to interview without references)**

Name: _____ Address: _____ Phone: _____

Please provide any other information that you feel will help us in considering your application for employment.

I certify that all of the information provided by me in this application and accompanying documents is true and complete. I understand that false representation or omission of any fact will be cause for denial of employment or termination of employment.
In consideration for employment with Comfort of Home Healthcare if employed, I agree to conform to the rules, regulations, policies and procedures of Comfort of Home Healthcare at all times and understand that such conformity is a condition of employment, I understand that, attendance and punctuality are considered essential requirements of every employee at Comfort of Home Healthcare and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Comfort of Home Healthcare I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Comfort of Home Healthcare and /or any of its representatives, agents or vendors. I relinquish parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application will be current for three months. If I wish to be considered for employment after this period I will fill out and submit a new application.

I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without written notice.

By my signature below I acknowledge that I have read, understood and agree with the above statements.

Signature _____

Date _____

Comfort of Home Healthcare is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law

Authorization for Criminal Background Search

In connection with my application for employment with Comfort Of Home HealthCare, I understand that inquiries will be made concerning my employment, criminal and driving records and background checks with the Family Care Safety Registry (FCSR) and Employee Disqualification List (EDL).

I understand that if employment with the company is denied because of information contained in a consumer report obtained from a consumer reporting agency, that I will be entitled to receive from the company only the name and address of the consumer reporting agency from which the report was obtained.

A new Missouri state law added an amendment to House Bill # 1362, which became effective on July 14th, 1996. This Bill states that all Licensed Hospitals, Nursing Homes and In-Home Care Agencies must, for each full time, part time and temporary employees that have contact with patients or residents do criminal background checks and ask the Department of Social Services if the employee is on the EDL and FCSR.

I (state your name _____) authorize Comfort of Home Healthcare to perform criminal background checks from the State of Missouri Highway Patrol or other investigative agencies such as the Family Care Safety Registry. If further information requires positive identification through fingerprints, I authorize Comfort of Home Healthcare to conduct a fingerprint record search.

Have you ever been convicted of or pled guilty to a Class A or B Felony? YES _____ NO _____

Are you listed on the Department of Social Services EDL list for abuse or neglect against the elderly or disabled? YES ____ NO ____

Are you listed on the Department of Mental Health Employment Disqualification List? Yes ____ NO ____

*Falsifying your application will result in immediate termination from employment.

Name (printed): _____ SS#: _____ D.O.B. _____

Address: _____

Signature: _____ Date: _____

Phone #: _____ Email Address: _____

All records regarding potential employee background checks are closed and inaccessible to the general public and shall be kept in separate records which are to be held confidential.