

CDS ATTENDANT APPLICATION

ALL INFORMATION MUST BE COMPLETED

PLEASE PRINT CLEARLY

Please take or mail application to:

NEILS

909 Broadway, Ste 350

Hannibal, MO 63401

Applicant: _____ SS#: _____
(Last Name) (Middle Initial) (First Name)

Physical Address: _____
(street) (city) (state) (Zip)

Mailing Address: _____
(street) (city) (state) (Zip)

Please list any other Social Security Numbers and/or Aliases Used:

Telephone Numbers: Home _____ Mobile _____

Are you able to lift at least 50 lbs? Yes No _____

Do you have any criminal convictions, findings of guilt, pleas of guilty, and/or pleas of nolo contendere except minor traffic offenses? Yes No

If yes, please explain: _____

How did you learn about this position? _____

Do you have a preference with working with males or females? _____

List days/hours of weekly availability:

Sunday	_____
Monday	_____
Tuesday	_____
Wednes	_____
Thursday	_____
Friday	_____
Saturday	_____

Are you available and/or willing to come in with short notice or be on-call? Yes No

The following are tasks that are required for some positions. Please check the following duties you are willing to perform:

- | | |
|--|--|
| <input type="checkbox"/> Bladder Care | <input type="checkbox"/> Meal Consumption |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Meal Clean-Up |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> ROM Exercises |
| <input type="checkbox"/> Bathing/Showering | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bowel Care | <input type="checkbox"/> Undressing/Dressing |
| <input type="checkbox"/> Grooming and Hygiene | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Turning in Bed | <input type="checkbox"/> Shopping |

EMPLOYMENT HISTORY

Company Name:	_____
Address:	_____
	(street) (city) (state) (Zip)
Dates Employed:	_____ to _____
Position Held:	_____
Duties:	_____
Reason for Leaving:	_____
Are you eligible for rehire?	_____ If no, please explain: _____
Do we have permission to contact your past employer?	_____

Company Name:	_____
Address:	_____
	(street) (city) (state) (Zip)
Dates Employed:	_____ to _____
Position Held:	_____
Duties:	_____
Reason for Leaving:	_____
Are you eligible for rehire?	_____ If no, please explain: _____
Do we have permission to contact your past employer?	_____

REFERENCES

Please list three (3) references. At least two (2) must be professional.

Name:	_____	Relationship:	_____
Address:	_____		
	(street)	(city)	(state) (Zip)
Telephone:	_____		
Name:	_____	Relationship:	_____
Address:	_____		
	(street)	(city)	(state) (Zip)
Telephone:	_____		
Name:	_____	Relationship:	_____
Address:	_____		
	(street)	(city)	(state) (Zip)
Telephone:	_____		

I consent to a criminal background check and closed criminal record check and I certify that the answers given herein are true and completed to the best of my knowledge.

Signature of Applicant

Date