



# EMPLOYMENT APPLICATION

909 Broadway, Suite 350  
Hannibal, MO 63401  
573-221-4242

**ALL INFORMATION MUST BE COMPLETED**  
**PLEASE PRINT CLEARLY**

Position desired:     Aide         LPN         C.N.A         General Office

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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 day/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            |

PLEASE CONTINUE TO BACK SIDE...

**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