

Butler County In-Home Services, LLC

602 East Outer Road
Poplar Bluff, MO 63901
573-712-2192

Employment
Application

Date _____

Position Applied for _____

APPLICANT INFORMATION *APPLICATION MUST BE 100% COMPLETED TO BE CONSIDERED. USE BLANK PAPER IF YOU DO NOT HAVE ENOUGH ROOM ON THIS APP.

| | | | |
|---|------------------------------|-----------------------------|-----------------|
| Last Name | First | M.I. | |
| Street Address | Apartment/Unit # | | |
| City | State | ZIP | |
| Phone | | | |
| Date Available | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you been convicted of a crime? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| Were you referred to us by an employee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, by whom? |

EDUCATION

Highest level of education attained? _____

C.N.A.

Are you a Certified Nursing Assistant? Yes No
 Other qualifying license or certification?
**if yes you will have to supply up to date documentation.*

REFERENCES

Please list three professional references.

| | | |
|-----------|--------------|--|
| Full Name | Relationship | |
| Company | Phone | |
| Address | | |
| <hr/> | | |
| Full Name | Relationship | |
| Company | Phone | |
| Address | | |
| <hr/> | | |
| Full Name | Relationship | |
| Company | Phone | |
| Address | | |

PREVIOUS EMPLOYMENT

| | | |
|--|--------------------|--------------------|
| Company | Phone | |
| Address | | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| <hr/> | | |
| Company | Phone | |
| Address | | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|-----------------|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact this employer for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|---|-----------------|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact this employer for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|---|-----------------|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact this employer for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

DISCLAIMER AND SIGNATURE

Butler County In Home Services, LLC is an Equal Opportunity Employer.

We do not discriminate on the basis of race, color, gender, pregnancy, national origin, religion, religious practices, age genetics, AIDS/HIV, off duty tobacco usage and disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job – related factors.

I certify that all information provided in this employment application is true and complete. I understand that any falsifications made in this application may disqualify me from any further consideration for interviews and or employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR 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 NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for 1 year (12 months). You must renew your application after that time period to be considered for other job openings.