

MERCY HOME CARE, LLC

Dear Applicant:

We would like to request that you bring the following items when you interview with our office for employment:

- 1) Current driver's license.
- 2) Social security card.
- 3) Copy of 2 Step TB test done in the last year.
- 4) CNA/HHA certification, if applicable.
- 5) Copies of all inservices attended this year. (CNA/HHA's only)

You will be KDHE screened and drug tested upon employment. Continued employment is contingent upon a negative history for felony offense and drug use.

From: To: Employer: Telephone:

Job Title: Address:

Immediate supervisor and title: Reason for leaving:

From: To: Employer: Telephone:

Job Title: Address:

Immediate supervisor and title: Reason for leaving:

From: To: Employer: Telephone:

Job Title: Address:

Immediate supervisor and title: Reason for leaving:

EDUCATION

High School: Graduate: Major:

City and State: Yes/No

VoTech: Graduate:

City and State: Yes/No

College/University Graduate: Major:

City and State: Yes/No

Other: Graduate:

City and State Yes/No

I understand that my employment with Mercy Home Care, LLC is contingent upon license/Certification/verification, negative drug test and also upon the results of my KDHE check.

I understand that if any of them are not "clean", I will be immediately terminated. This also includes annual certification checks and random drug screening at company will. Termination is also probable if licensure & certifications are not kept current.

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination is imminent. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given on this application, and I release you from all liability for any damages that may result from your doing so.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer.

I agree to conform to the rules and regulations of the employer, including but not limited to, company policy of absenteeism of greater than two per month is grounds for termination, unless exempted thru administrative council. I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause and with or without notice at the option of either the employer or me. I understand that no manager or representative of the employer (other than (e.g.) the administrator) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, wither before commencement of employment or after I have become employed.

The above information is true and accurate to the best of my knowledge. I give permission for verification of any aforementioned factors. It is understood that any falsification will result in disqualification of my application prior to employment or immediate termination if discovered at any time thereafter. There is no contractual relationship between Mercy Home Care, LLC and its employees. I understand that upon completion of work assignments, regardless of reason, I as the employee am required to contact the office for additional work, no later than the following business day. If I fail to contact Mercy Home Care, LLC office I will be considered as voluntarily resigned.

Mercy Home Care, LLC considers all applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

Applicant

Date

Agency Representative

Date

American Indian/Alaskan Native Asian/Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information if you qualify to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam era Veteran (served between 1964-1975)

Disabled Veteran

Individual with a disability

AFIRMACT

MERCY HOME CARE, LLC
Felony Disclosure

I understand that not all felony records prevent me from being employed by Mercy Home Care, LLC.

It is essential that the Agency know of any past convictions or any which are pending.

If I have failed to disclose today, felony convictions past or pending, I will be terminated when this information becomes available.

Employee

Date

Agency Representative

Date

MERCY HOME CARE, LLC
Personal References

List at least three (3) persons, OTHER THAN RELATIVES, who have knowledge of your professional standards and performance.

Name	Mailing Address	Phone	Work Phone
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In the interest of efficiency and expediency, for myself and the Agency, I hereby give my permission to phone my listed references in order to obtain the data needed by the Agency, on which to base their decision concerning my employability. I have provided correct work and home telephone numbers in order to facilitate the process.

Employee

Date

Agency Representative

Date

MERCY HOME CARE, LLC
Request for Professional Reference

I give my permission for Mercy Home Care, LLC designative to request a reference from the following institution or individual.

Name/Address:

Applicant

Date

Please speak to the following if applicable:

PROFESSIONAL ACCOUNTABILITY (punctuality, paperwork, appearance) :

PROFESSIONAL SKILLS:

INTERPERSONAL SKILLS:

OTHER COMMENTS:

DATES OF EMPLOYMENT: _____ to _____

ELIGIBILITY FOR REHIRE: _____

Reference Signature

Date

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Request for Professional Reference

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Name/Address:

Applicant

Date

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OTHER COMMENTS:

DATES OF EMPLOYMENT: _____ to _____

ELIGIBILITY FOR REHIRE: _____

Reference Signature

Date

MERCY HOME CARE, LLC
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PROFESSIONAL SKILLS:

INTERPERSONAL SKILLS:

OTHER COMMENTS:

DATES OF EMPLOYMENT: _____ to _____

ELIGIBILITY FOR REHIRE: _____

Reference Signature

Date

Personal Interview

Applicant's name: _____

Interviewer's name: _____

Date of Interview: _____

Position applied for: _____

The following questions are asked by the interviewer at Mercy Home Care, LLC to the named applicant prior to his/her employment.

- 1. What about your character makes you a good candidate for this job?*
- 2. What situations kept you from fulfilling your duties or from coming to work on time at your last job?*
- 3. Everybody misses work sometimes. What are some legitimate reasons to miss work?*
- 4. How many scheduled days did you miss during the last three months you worked?*
- 5. If we were to ask your previous supervisor, what would they say about your attendance and job performance?*
- 6. Do you have a preferred time or schedule to work?*