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.

MERCY HOME CARE, LLC Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation for the application and/or interview process should contact a representative of the Personnel Department.

Name				Date of app	lication	//_	_Date avai	ilable	_//
First		Middle	Last						
Address_									
S	treet				City		State		Zip
Telephone_		Alternate_	-	Social Se	curity Nun	iber			
Position app	lied for:								
Professional	Status:	(Circle One) HF	HA CNA 1	NMA OTH	IER				
Full	time	Part time	Shift pre	eference C	PR certifica	ation the	ough		
State Licens	e/Certifi	cation				Ex	piration_	/	/
Referral Sou	irce:								
Have you ev	er appli	ed for a position	here before	?	When?				
Have you be	en conv	icted of a felony	crime in the	e last ten (10)) years?		If ye	s, pleas	e explain:
If necessary,	the bes	t time to call you	a at home is_						
May we con	tact you	at work?		The best t	time to call	?			
Are you on l	ay-off o	r subject to reca	11?	Have	you ever b	een bon	ded?		
		F HISTORY		with the mos	st recent, in	ncluding	military e	xperien	ce.
From:	То:	Employer:					Telephor	ne:	
Job Title:		Address:							
Immediate s	uperviso	r and title:	Rea	son for leav	ing:				
From:	То:	Employer:					Telephor	ne:	
Job Title:		Address:							
Immediate s	uperviso	r and title:	Rea	son for leav	ing:				

From:	То:	Employer:		Telephone:	
Job Title:		Address:			
Immediate	supervi	sor and title:	Reason for leaving:		
From:	To:	Employer:		Telephone:	
Job Title:		Address:			
Immediate	supervi	sor and title:	Reason for leaving:		
From:	To:	Employer:		Telephone:	
Job Title:		Address:			
Immediate	supervi	sor and title:	Reason for leaving:		
EDUCA	TION				
High Scho	ol:		Graduate:	Major:	
City and S	tate:		Yes/No		
VoTech:		Grae	duate:		
City and S	tate:		Yes/No		
College/U	niversity		Graduate:	Major:	
City and S	tate:		Yes/No		
Other:			Graduate:		
City and S	tate		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	

MERCY HOME CARE, LLC Affirmative Action Voluntary Information

To be completed by the applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.

As required, we comply with the government regulations including "affirmative Action" obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status or any other legally protected status.

Position(s) ap	oplied for		Date			
Referral Sour O Walk In		nent Employment	Agency	O Private	e Employ	ment Agency
O Employee	O Relative	O School	OAdverti	sement-So	ource	
O Other						
		d you (if applical				
Applicant Inf	ormation					
Name					_()_	
Last		First	Mie	ddle	Area	Phone
Address						
	Street	City	State	÷	Zip	
O Male	O Female					
Please check	one of the follo	owing Equal Emp	oloyment Op	portunity	Identific	ation Groups:
O White	O Black	O Hispanic				

O American Indian/Alaskan Native O 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:

O Vietnam era Veteran (served between 1964-1975)

O Disabled Veteran

O Individual with a disability

AFIRMACT

MERCY HOME CARE, LLC Felony Disclosure

I understand that <u>not all</u> 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
V			
permission to p Agency, on wh	of efficiency and expediency, for nephone my listed references in order nich to base their decision concerning home telephone numbers in order	to obtain the data neing my employability.	eded by the I have provided
Employee		Date	
Agency Renres	sentative		

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 _____ ELIGIBILTY FOR REHIRE: Reference Signature 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 (pur	nctuality, paperwork, appearance):
PROFESSIONAL SKILLS:	
INTERPERSONAL SKILLS:	
OTHER COMMENTS:	
DATES OF EMPLOYMENT:to):
ELIGIBILTY FOR REHIRE:	
Reference Signature	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 (pu	inctuality, paperwork, appearance):
PROFESSIONAL SKILLS:	
INTERPERSONAL SKILLS:	
OTHER COMMENTS:	
DATES OF EMPLOYMENT:t	
ELIGIBILTY 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?