

SERVE LINK HOME CARE, INC
PO BOX 308
TRENTON, MISSOURI 64683

Before you fill out this application, you must meet the following job requirements:

1. Minimum age of 18 years or older
2. Able to read, write and follow instructions
3. Have a car, valid Missouri driver's license and auto insurance
4. Able to lift at least 50 pounds
5. Meet at least 1 or more of the following experience requirements:
 - A. Have at least 6 months paid experience as an Agency homemaker, nurse aide
 - B. At least 1 year experience (paid or unpaid) caring for children, elderly or infirmed
 - C. Successfully completed training as CNA, LPN or RN

03/2012

SERVE LINK HOME CARE INC
APPLICATION FOR EMPLOYMENT
1510 E 9th Street, PO Box 308, Trenton, MO 64683

We consider applicants for all positions without regard to race, color, religion, sex, nation origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
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Address

City	State	Zip Code
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Telephone Number (s)	Social Security Number
(H) _____ (W) _____	_____

Position(s) Applied For: _____

Are you interested in: Full Time () Part Time () PRN () Date Available for Work _____

Times Available: _____ Days Available _____

How did you learn about us? Advertisement () Friend () Relative () Walk-In () Other _____

	YES	NO
Have you ever filed an application with us before? If yes, give date.		
Have you ever been employed with us before? If yes, give date.		
State name if different from the one you presently use.		
Are you currently employed?		
If yes, may we contact your present employer?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>		
Are you currently on "lay-off" status and subject to recall?		
Do you have a car with automobile insurance coverage?		
Name of insurance company:		

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	YES	NO
<p>Have you been convicted, found guilty of, pled guilty or entered a nolo contendere plea to any <u>felony</u> in Missouri or any other state? This will not necessarily disqualify an applicant from employment. If yes, describe the offense and note any: sentence; suspended execution of sentence; suspended imposition of sentence; or probation or parole.</p>		
<p>Have you been convicted, found guilty of, pled guilty or entered a nolo contendere plea to any <u>misdemeanor</u> in Missouri or any other state? This will not necessarily disqualify an applicant from employment. If yes, describe the offense and note any: sentence, suspended execution of sentence; suspended imposition of sentence; or probation or parole.</p>		
<p>Do you certify that you have not been convicted of any offense that would preclude employment in a nursing facility and that you are not excluded from participation in Federal health care programs?</p>		
<p>Is your name on the Employee Disqualification List (EDL)?</p>		
<p>Is there any reason you cannot fulfill the job requirements? If yes, please explain.</p>		

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. **Any other omissions will be considered falsification and subject you to possible termination.**

EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		
EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		
EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

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EMPLOYMENT EXPERIENCE-CONTINUED

EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		
EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		
EMPLOYER	DATES EMPLOYED	Work Performed
Supervisor's Name	Full Time () Part Time ()	
Address	From To	
Phone Number(s)		
Job Title	Hourly Rate/Salary	
Reason for Leaving		

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EDUCATION

	Elementary School	High School	Undergraduate/ College/University	Graduate/Professional
School Name & Location				
Years completed (circle highest year completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
		From To	From To	From To
Describe Course of Study				
Diploma/Degree				
Describe any specialized training, skills, and extra-curricular activities.				
In a few words, write why you are interested in this kind of work.				
State any additional information you feel may be helpful to us in considering your application.				

Name and phone number of two persons to be notified in case of emergency:

Name:	Name:
Phone Number:	Phone Number:

REFERENCES

Give name, address and day time telephone number of two personal references that are not related to you.

NAME	ADDRESS

I hereby state that all the information provided herein is true and complete to the best of my knowledge. Furthermore, I authorize you to obtain, and also authorize and request from each former employer and person, firm, or corporation given as reference, to answer all questions that may be asked, and give all information that may be sought in connection with this application concerning me or my work, character, skill, health, or my action in any transaction.

Signature of Applicant

Date

Social Security Number

PLEASE READ CAREFULLY

APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application for employment with Serve Link Home Care Inc. We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of employment and/or continued employment, all applicants must consent to and authorize a pre-employment verification of the background information submitted on their applications or resumes.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that, if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that Serve Link Home Care Inc may now (during pre-employment reviews) or at any time while I am employed conduct a verification of my education, previous employment/ work history, and/or credit history; contact personal references; require that I provide a urine/breath/blood specimen to be tested for the presence of drugs, alcohol, or substances documented by statute as illegal; obtain motor vehicle records; and receive any criminal history record information and/or other information pertaining to me as deemed necessary to fulfill the job requirements which may be in the files of any Federal, State, or Local criminal justice agency in Missouri or any other state. The results of this verification will be used to determine employment eligibility under Serve Link Home Care Inc employment policies.

I authorize a private investigatory agency hired by Serve Link Home Care Inc, and any of its agents/designated representatives, to disclose orally and in writing the results of its verification process and/or interview to the designated authorized representatives of Serve Link Home Care Inc.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employees, and other agencies to provide a private investigatory agency hired by Serve Link Home Care Inc with all the information that may be requested, and hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of requested information. I agree that any copy of this document is a valid as the original.

I do hereby agree to forever discharge Serve Link Home Care Inc, its agent, the private investigatory agency, and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with an agency arising from the retrieving and reporting of information. According the the Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by Serve Link Home Care Inc and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

APPLICANT:

_____	SS# _____
Name Typed or Printed	Date: _____
_____	Drivers License # _____
Signature	and State _____
_____	_____
Street Address	_____
_____	_____
City/State/Zip Code	Date of Birth
_____	_____
Maiden Name/Alias	

The above information is required by House bill 1362.
This release will be filed in a separate confidential file.