



NEW EMPLOYMENT PACKET

2061 Exchange Drive St. Charles, Mo 63303 P: 636-410-8303



ALL GENERATIONS
ADULT DAY CENTER 2061 Exchange Drive St. Charles, Mo 63303 P: 636-410-8303 F: 636-410-7707

EMPLOYMENT APPLICATION

Applicants are not required to give information prohibited by Federal, State/Provincial and Local Law

Date: _____ Social Security #: ____/____/____ DOB: _____

Name: _____
Last First MI

Current Address: _____
Number and Street City, State/Province, Zip Code

Previous Address (if current address is less than 5 years)

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Driver's License #: _____
 Has your driver's license ever been suspended or revoked? ____ Yes ____ No
 Please explain _____

Have you ever entered a plea of guilty or novo contendere to, or been convicted of anything other than a minor traffic accident? ____ Yes ____ No
 If so, please explain _____

Have you ever been bonded? ____ Yes ____ No Have you ever been denied bond coverage? ____ Yes ____ No

Are you a U.S. citizen? ____ Yes ____ No Are you authorized to work in the U.S.? ____ Yes ____ No

Would you work: Full Time ____ Part Time ____ please list days and hours of availability?

Education and Training:

High School Name	Location	Did you graduate? Yes ____ No ____	G.P.A.
Business, Trade Schools			
Colleges			

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Work History:

List most recent employer first, includes part-time employment.

Employment Dates From To	Company, Address, and Telephone	Position(s)	Salary	Immediate Supervisor	Reason for Leaving

If currently employed, may we contact your employer at this time for a reference? Yes No

Position you are applying for: ACTIVITY SUPPORT SPECIALIST RN LPN other _____

Are you licensed or certified: RN LPN CNA CMT

Other: _____ please provide a copy of your license/certificate

BACKGROUND SCREENING/FAMILY CARE SAFETY REGISTRY

It is mandatory that all applicants be registered with the Missouri Department of Health and Senior Services' Family Care Safety Registry. My signature below provides authorization for All Generations Adult Day Center to conduct a background screening on me.

If there are findings in screening, and I want to become an employee, I agree to complete a "Good Cause Waiver" Application prior to being hired by All Generations Adult Day Center. Once complete, All Generations Adult Day Center will receive a report from the Family Registry Indicating a Good Cause Waiver has been received and a case opened on my behalf.

*

E-VERIFY

All Generations Adult Day Center is required by the Department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenship.

SIGNATURE AUTHORIZATION

I have read this policy and understand my employment is conditional pending the outcome of the Missouri Department of Health and Senior Services' final decision and determination. I also grant permission to verify my employment eligibility through E-Verify.

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Applicant's Signature: _____ Date: _____

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What starting salary do you expect? _____ per _____

The information I have provided is complete and accurate to the best of my knowledge. I also understand that providing the information may disqualify me from further consideration.

I authorize this agency to contact:

My previous employers

Schools I attended

Personal References I have listed

I also authorize this agency to make any investigation(s) of my personal, financial, and/or credit background (including, but not limited to) obtaining a credit report (also known as a "consumer report" under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose of evaluating my qualifications for employment. This authorization extends for twelve months from today's date.

Applicant's Signature _____ Date _____

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PERSONNEL FACT SHEET
(Office Use Only)

EMPLOYEE START DATE _____ EMPLOYEE LAST DATE _____

JOB TITLE _____ POSITION _____

NAME _____

ADDRESS _____

CITY/STATE ZIPCODE _____

TELEPHONE (CELL) _____ TELEPHONE (HOME) _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

MARTIAL STATUS SINGLE ____ MARRIED ____ DIVORCED ____ SEPARATED ____ WIDOW ____

EMERGENCY CONTACT (1) _____ RELATIONSHIP _____

TELEPHONE (CELL) _____ TELEPHONE (HOME) _____

EMERGENCY CONTACT (2) _____ RELATIONSHIP _____

TELEPHONE (CELL) _____ TELEPHONE (HOME) _____

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Reference Name _____

Reference Title _____

Company Name _____

Dates of Employment _____
Start End

Address _____

Telephone Number _____

Email Address _____

Reference Questions

What title did the individual hold within your organization? _____

Would you rehire this individual? _____
Yes No

What was the reason for leaving your organization? _____

Comments _____

**** ALL EMPLOYEE'S MUST HAVE TWO EMPLOYMENT REFERENCES (STATE REQUIRED)**

Applicant's Signature _____ Date _____

Manager's Signature _____ Date _____

PERSONAL REFERENCE (1)

Reference Name _____

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Relationship to Employee _____

Years Known _____

Telephone Number _____

Email Address _____

Reference Questions

Professional Attitude _____

Quality Work Skills _____

Leadership Skills _____

Personality _____

Communication Skills _____

Comments _____

**** ALL EMPLOYEE'S MUST HAVE TWO PERSONAL REFERENCES (COMPANY REQUIREMENT)**

Applicant's Signature _____ Date _____

Manager's Signature _____ Date _____

PERSONAL REFERENCE (2)

Reference Name _____

Relationship to Employee _____

Years Known _____

Telephone Number _____

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Email Address _____

Reference Questions

Professional Attitude _____

Quality Work Skills _____

Leadership Skills _____

Personality _____

Communication Skills _____

Comments _____

**** ALL EMPLOYEE'S MUST HAVE TWO PERSONAL REFERENCES (COMPANY REQUIREMENT)**

Applicant's Signature _____ Date _____

Manager's Signature _____ Date _____

BACKGROUND SCREENING APPLICATION

Name (Last, First, M.) _____

Street Address _____

City _____ State _____ Zip code _____

Telephone (home) _____ (work) _____ (mobile) _____

Social Security _____ Date of Birth _____

1. Have you ever used an Alias (first and/or last names other than the name you used in this application? Yes _____ No _____. If yes, list all those names you have ever used (please include all maiden names and all married names).

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2. Have you ever used any other Social Security Numbers? Yes _____ No _____. If yes, list all social security numbers you have ever used.

3. Have you ever had any of the following: Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (A plea in a criminal prosecution that without admitting guilt subjects the defendant to conviction but does not preclude denying the truth of the charges in a collateral proceeding). Yes _____ No _____. If yes, list all convictions, finding of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets.

4. Do you give consent to a closed Background Check, Pursuant to Section 610.120 RSMO?
Yes _____ No _____.

No applicant can be employed by All Generations Adult Day Center, until they pass a screening of the Employee Disqualifications List (EDL) Until All Generations Adult Day Center has obtained a clean background check on the application from the Family Care Safety Registry (FCSR). If an applicant has certain offenses listed on the FCSR background check, the applicant may apply for a “Good Cause Waiver” to the Missouri Department of Health and Senior Services (DHSS). DHSS may grant (approve) a “Good Cause Waiver” at their discretion.

Anyone listed on the EDL will not, under any circumstances, be employed by All Generations Adult Day Center

The FCSR will be checked twice a year. The EDL will be checked four times a year. If any new listings appear on either of these background checks, the attendant will no longer be able to be employed by All Generations Adult Day Center, LLC is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.



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All Generations Adult Day Center. The attendant will receive a copy of the background check from DHSS (FCSR) at least twice a year. This simply means that the All Generations Adult Day Center has requested an updated copy of the attendant's background check for our records.

I certify by my signature that the information I have provided on this form is true and complete to the best of my knowledge.

Signature of Applicant

Date

DISCLOSURE OF COMMUNICABLE DISEASE

At this time I declare that I am free from any of the following communicable diseases to the best of my knowledge: (i.e.

Fever > 100 degrees

Vomiting

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Diarrhea

Conjunctivitis

Open weeping lesion(s)

Uncontrollable cough

I have carefully read this agreement and understand its contents. I also agree that if at any time while employed with All Generations Adult Day Center, I contract a communicable disease, I will report immediately to my Supervisor.

Date

Employee Signature

Date

Manager Signature

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TB TEST VERIFICATION

Date _____

EMPLOYEE NAME _____

This is to certify that the above named person received a TB screening on _____ (must be
today's date or within a year of today's' date. Date

Date of Reading _____ mm.

Signature _____

***** THIS FORM MUST BE RETURNED ON OR BEFORE THE 1st day of EMPLOYMENT *****

**STEP 2 TB SCREENING TEST AND RESULTS WILL BE DUE NO LATER THAN 3 WEEKS AFTER HIRE DATE.
FAILURE TO DO SO WILL CEASE EMPLOYMENT UNTIL THE REQUIREMENT IS MET
STEP 1 TB SCREENING WILL BE REQUIRED ANNUALLY THEREAFTER.**

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HOURS OF AVAILABILITY

Dear Applicant,

In an effort to ensure we meet the needs of our center, please complete the following indicating your availability.

Please indicate the hours you are available during the 12-hour period of 6am-6pm for each of the following days.

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

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