



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other legally protected status. We are an equal opportunity employer.

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Last Name First Name Social Security #

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Present Address City State Zip Code

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Home Phone Cell Phone/Pager E-Mail Best time to call

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Emergency Contact Person Relationship Phone Number

**POSITION APPLYING FOR:**    **RN**        **LPN**        **CMT**        **CNA**        **Home Health Aide**        **Companion**

**ASSIGNMENTS APPLYING FOR (Circle All That Apply):**    **HOME CARE**        **FACILITY STAFFING**        **JUST FOR MOMS**

How did you hear about Martha's Hands? \_\_\_\_\_ **Have you ever been employed by Martha's Hands before?** \_\_\_\_\_

Please list any Martha's Hands employee you know. \_\_\_\_\_

Can you, at time of employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

List all states you have lived or worked in the past other than your current state of residence? \_\_\_\_\_

Can you perform the essential functions of the position for which you have applied without accommodation, including lifting restrictions? \_\_\_\_\_

If you answered "NO", please identify what job functions you cannot perform and what accommodation, if possible, would be needed.

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To be considered "qualified" under the Americans with Disabilities Act, an applicant must be able to perform the essential functions of the job, with or without reasonable accommodation. "Reasonable Accommodation" is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy equal employment opportunity.

Number of hours per week you desire? \_\_\_\_\_ Number of hours per shift you desire? \_\_\_\_\_ Hourly pay desired? \_\_\_\_\_

**AVAILABILITY- Please indicate your earliest start time and latest end time for each day of the week. NOTE: Employees will turn in monthly availability to the Martha's Hands Office in order to match your availability with client shift requests.**

<u>Day</u>	<u>Start Time</u>	<u>AM/PM</u>	<u>End Time</u>	<u>AM/PM</u>
Sunday	_____	am / pm	_____	am / pm
Monday	_____	am / pm	_____	am / pm
Tuesday	_____	am / pm	_____	am / pm
Wednesday	_____	am / pm	_____	am / pm
Thursday	_____	am / pm	_____	am / pm
Friday	_____	am / pm	_____	am / pm
Saturday	_____	am / pm	_____	am / pm

# EDUCATION/TRAINING

Education levels are relevant only to the extent required by law. Provide documentation if possible.

Name of School

Course of Study/Training

Did you graduate?

Year

High School

College/University

Trade/Professional School

List any additional skills, training or certifications. \_\_\_\_\_

## EMPLOYMENT HISTORY Experience (Start with Most Recent Employer)

Company Name	Phone Number
Address, City, State	Position Held
Responsibilities/Duties	Pay Rate
Dates of Employment (Start Date – End Date)	Supervisor's Name
Reason for Leaving	

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Address, City, State	Position Held
Responsibilities/Duties	Pay Rate
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Address, City, State	Position Held
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Reason for Leaving	

## PERSONAL REFERENCES (Please Do Not List Family and Relatives)

_____	_____
Name	Phone Number
_____	_____
Relationship to Applicant	Occupation

_____	_____
Name	Phone Number
_____	_____
Relationship to Applicant	Occupation

_____	_____
Name	Phone Number
_____	_____
Relationship to Applicant	Occupation

## ADDITIONAL HOME CARE/CHILD CARE EXPERIENCE

Please list any home care agencies, health care facilities, day care facilities or any other experience caring for a client, including family members and friends not listed in your work experience. **Please include dates, contact names and phone numbers as well as list the tasks performed.**

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## PERSONAL STATEMENT

Please tell us why you want to work for Martha's Hands as a caregiver and how you will fulfill our mission of "Love Through Service."

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Have you been convicted of, or entered a plea of guilty or no contest to, a felony or misdemeanor criminal charge, including a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole in last 20 years? **YES NO**

Have you been the subject of complaint or investigation concerning alleged child or elder abuse or neglect, or are you listed on the employee disqualification list maintained by the state of Missouri, or any other state in the last 20 years? **YES NO**

Is your license or certification currently or ever been investigated or had a disciplinary action taken against it? **YES NO**

If the answer is YES to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_

A **YES** response to any of the above questions will not automatically disqualify you from consideration for employment with Martha's Hands. The type and seriousness of the offense, along with your entire work history, educational history, professional references, and the position for which you are applying for all will be considered during your application process.

## **APPLICANT'S STATEMENT**

*I certify that the answers given herein are true, accurate and complete to the best of my knowledge and that I have disclosed any and all other information not specifically requested that might be relevant to the consideration of my application with Martha's Hands. I understand that false or misleading information given in my application or interview shall be grounds for immediate termination. I also understand that I am required to abide by all rules and regulations of Martha's Hands. I also understand that these rules and regulations are subject to change by Martha's Hands at any time for any reason without prior notice.*

*I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision and I release from all liability any person who seeks or provides information in connection with such investigation. I also authorize Martha's Hands to conduct a criminal background investigation and that my employment with Martha's Hands may be contingent on the results of such investigation. If Martha's Hands hires me and employs me, then I release Martha's Hands and its agents from any liability for providing any information about me to any person or organization seeking an employment reference about my employment with Martha's Hands.*

*This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I understand and acknowledge that any employment relationship with Martha's Hands is "At Will" and that either party (Applicant or Martha's Hands) may terminate this relationship at any time for any reason, whether or not for cause. I further understand that no communication, whether written or oral, by any representative of Martha's Hands, at any time, can constitute a contract of employment. No representative or agent of Martha's Hands other than the General Manager by either written or mutually signed agreement, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.*

*I understand that Martha's Hands has the right to conduct drug and alcohol screenings at their discretion. Failure to cooperate with the screening or positive test result shall be grounds for immediate suspension and/or termination.*

*I agree that I will not seek or accept employment in any capacity from any clients to whom I have been assigned, whether employed directly by the client, client's family or other agency. I understand that all information regarding Martha's Hands clients, employees, owners, operations, procedures, policies, forms, and other intellectual property is confidential, the property of Martha's Hands and should be returned to Martha's Hands at the end of my employment. Any reproduction, publication or other use of this information is strictly prohibited and is considered theft.*

*In addition, I understand that Martha's Hands and all compensation and benefit plan administrators have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise administer, interpret or change all policies, procedures, benefits or other terms and conditions of employment.*

***I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THE APPLICANT STATEMENT.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date