



### Myracle Hands Home Care, LLC

#### 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#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
explain \_\_\_\_\_

Have you ever entered a plea of guilty or no contendere to, or been convicted of anything other than a minor traffic accident?

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 \_\_\_\_\_

Have you used an Alias? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, list ALL aliases you have used (please include maiden names, married names, and other legal name changes). \_\_\_\_\_

Have you used any other social security numbers? Yes \_\_\_ No \_\_\_

If YES, list ALL social security number you have ever used.

\_\_\_\_\_

Have you had any of the following in Georgia or any other state?

**Criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere (except minor traffic violations? Yes \_\_\_ No \_\_\_**

If YES, list ALL criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere AND the state in which it occurred. Do not list minor traffic offenses such as speeding tickets and parking tickets. Please list: \_\_\_\_\_

### Myracle Hands Home Care, LLC

How did you learn about us?    Advertisement    Employment Agency    Friend    Relative    Walk-In  
Other

Have you been employed with us before? Yes \_\_\_ No \_\_\_ If yes, give date(s) \_\_\_\_\_

Position Applying for: \_\_\_ PCA \_\_\_ Companion Sitter \_\_\_ RN \_\_\_ LPN

Are you eligible for rehire? Yes \_\_\_ No \_\_\_ Are you available    FULL TIME    PART TIME?

What days are you available?

Days and Times of Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

On what date, would you be available to begin work? \_\_\_\_\_

What starting salary do you expect? \_\_\_\_\_ per hour

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No **(Proof of citizenship or immigration status will be required upon employment)**

If No, do you consent to become registered with the Family Care Safety Registry? Yes No **(Failure to check "Yes" for consent will result in a denial of employment)**

No applicant can be employed by Myracle Hands Home Care, LLC, until they pass a screening of the Employee Disqualification List (EDL). Until Myracle Hands Home Care, LLC has obtained a clean background check. There will be a \$14.25 non-refundable registration fee for employee's to be screened and registered. If an applicant has certain offenses listed on the FCSR background check, the applicant may apply for a "Good Cause Waiver" to the Georgia Department of Community Health/Healthcare Facility Regulation Division. They may approve a "Good Cause Waiver" at their discretion. Anyone listed

on the EDL will not, under any circumstances, be employed by **Myracle Hands Home Care, LLC**. The FCSR will be checked twice a year. The EDL will be checked four times a year (this included the checks done through the FCSR). If any new listings appear on either of these backgrounds checks, the attendant will no longer be able to be employed by Myracle Hands Home Care, LLC, LLC.

The attendant will receive a copy of the background check from FCSR at least twice a year.

**Do you give consent for a pre-employment criminal record check?** Yes\_\_\_\_ No\_\_\_\_

**Do you give consent to a closed background check, pursuant to SECTION 610.120 RSMo?** Yes\_\_\_\_  
No \_\_\_\_

### **Myracle Hands Home Care, LLC**

Are you presently employed with another In-HomeServices or Home Health Agency?

Yes\_\_\_\_ No \_\_\_\_

If Yes, who is your present employer? \_\_\_\_\_

Do you have a relative(s) currently employed by us? Yes\_\_\_\_ No \_\_\_\_

Are you related either by marriage or blood to a client receiving our services? Yes \_\_\_\_

No \_\_\_\_

If yes, who? \_\_\_\_\_

Have you ever been a resident of or employed in another state? Yes\_\_\_\_ No \_\_\_\_ If yes, where and what date? \_\_\_\_\_

Are you able to lift, push, pull or carry up to 75 pounds and twist, bend, kneel, stoop, and climb stairs without difficulty? Yes\_\_\_\_ No \_\_\_\_

This job requires consistent regular and punctual attendance; can you meet this requirement?

Yes\_\_\_\_ No\_\_\_\_

Have you served in the U.S. Military? Yes\_\_\_\_ No\_\_\_\_ If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Was Discharge Honorable? Yes \_\_\_\_ No \_\_\_\_ If not, explain: \_\_\_\_\_

Work Assignment/Duties while enlisted: \_\_\_\_\_

Have you ever had any job-related training in the United States military? Yes \_\_\_\_ No \_\_\_\_  
 Describe and date below, any non-paid volunteer work experience (**exclude organizations, the name or character of which would indicate the race, sex, religion, national origin or disability of its members**)

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## Myracle Hands Home Care, LLC

### Drivers Information

This job requires you to have a dependable vehicle. Are you currently in possession of one?  
 Yes \_\_\_\_ No \_\_\_\_

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of Georgia?

Yes \_\_\_\_ No \_\_\_\_ Is this insurance presently in effect? Yes \_\_\_\_ No \_\_\_\_

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Class \_\_\_\_\_

### Employment History

Name of Present or Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 May we Contact your Supervisor? \_\_ Yes or \_\_ No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Description of Job: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 May we Contact your Supervisor? Yes \_\_\_\_ No \_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Description of Job: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 May we Contact your Supervisor?  Yes or  No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Description of Job: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 May way Contact your Supervisor?  Yes  No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Description of Job: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 May we Contact your Supervisor?  Yes or  No  
 Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Description of Job: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Explain any employment gaps in your employment history:**

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### Education and Training

Education	High School	Undergraduate College/University/ Technical	Graduate
School Name/Location			
# Years Completed			
Dates of Attendance	_____ to _____	_____ to _____	_____ to _____
Diploma/Degree			
Describe Course of Study			

Licensure/Certifications

Position	License Number	Date Received	Date Expires
Certified Nurse Assistant			
Nurse Assistant			

Please provide copies of all certifications and licenses

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Myracle Hands Home Care, LLC  
(Office Use Only)  
Personnel Fact Sheet

Employee Start Date: \_\_\_\_\_ Employee Last Date: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ POSITION \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TELEPHONE (CELL) \_\_\_\_\_ TELEPHONE(HOME) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_

MARTIAL STATUS SINGLE MARRIED DIVORCED SEPERATED WIDOW



EMERGENCY CONTACT (1) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE (CELL) \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

EMERGENCY CONTACT (2) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE (CELL) \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

**Myracle Hands Home Care, LLC  
Employment Reference (1)**

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

Company Name \_\_\_\_\_

Company Representative Name \_\_\_\_\_

Company Representative Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
Start End

Company Address \_\_\_\_\_

Company Telephone Number \_\_\_\_\_

**Employment 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment references must be able to be verified. If not, you will need to give additional references.**

References Checked by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Manger's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employment Reference (2)**

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

Company Name \_\_\_\_\_

Company Representative Name \_\_\_\_\_

Company Representative Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_  
Start End

Company Address \_\_\_\_\_

Company Telephone Number \_\_\_\_\_

**Employment 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment references must be able to be verified. If not, you will need to give additional references.**

References Checked by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Manger's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_