## Home Sitter Agency, Inc. 6301 Rockhill Road, Suite 423

301 Rockhill Road, Suite 42 Kansas City, MO 64131 Ph: (816) 363.2252 Fax: (816) 363.2269

## **Employment Application**

Name:	Today's Da	ite:						
Pager Number:	Name:						SSN:	
Other names and/or SSN's used:  Home Phone:	Address: _	Gt t	1	C:1		14 4	7.	
Pager Number:		Street	number	City	S	state	Zip	
Cell Phone Number:	Other name	es and/or SS	SN's used:					
Position applying for:    Desired Status:	Home Phor	hone: Pager Number:						
Desired Status:	Cell Phone	Number: _			Work Pho	one:		
Desired shift:	Position ap	plying for:						
Minimum salary required?  Are you at least 18 years or older?  Please put a check in the corresponding box to indicate day(s) you will be available to work.    Mon   Tues   Wed   Thurs   Fri   Sat   Sun								RN
Are you at least 18 years or older?	Desired Ho	ours/Week:						
Please put a check in the corresponding box to indicate day(s) you will be available to work.    Mon   Tues   Wed   Thurs   Fri   Sat   Sun	Minimum s	salary requi	red?		_			
Mon Tues Wed Thurs Fri Sat Sun  Day  Evening  Night  PRN  If you are hired, when can you start work?  How did you hear about this job opening?  Do you have reliable transportation?  Driver's license number: State Issued:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No	Are you at	least 18 yea	ers or older?					
Day Evening Night PRN  If you are hired, when can you start work? How did you hear about this job opening? Driver's license number:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No	Please put a		he correspond	ling box to in			be available to	work.
Evening Night State Issued:  Evening Night State Issued: S		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Night PRN  If you are hired, when can you start work?  How did you hear about this job opening?  Do you have reliable transportation?  Driver's license number: State Issued:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No								
If you are hired, when can you start work?  How did you hear about this job opening?  Do you have reliable transportation?  Driver's license number: State Issued:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No								
If you are hired, when can you start work?  How did you hear about this job opening?  Do you have reliable transportation?  Driver's license number: State Issued:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No								
Do you have reliable transportation?  Driver's license number: State Issued:  Have you ever been employed by Home Sitter Agency, Inc.? Yes or No	If you are h	ŕ	J					
Driver's license number: State Issued: Have you ever been employed by Home Sitter Agency, Inc.? Yes or No								
Have you ever been employed by Home Sitter Agency, Inc.? Yes or No								
If so, give dates: From/ to/  Are you eligible for reemployment in this country? Yes or No	Have you e If so, giv	ever been er ve dates: F	nployed by H rom//	ome Sitter A	gency, Inc.?	Yes (	or No	

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	you currently have a fan If so, please complete the	0.11 .		e Sitter Agency,			
	ir so, prouse comprete the	c ronowing	(Name)		_		
	(Relationship)		(Departi	ment)			
Do	you have any prior injur	ies before applying v	vith Home	Sitter Agency,	Inc.? Yes or No	_	
Ha	ve you ever been convict	ed of a felony? Yes _	or No				
Ha	ve you ever been convict	ed of any type of the	ft, fraud o	r a violent crime	e? Yes or No		
Ha	ve you ever been convict	ed or plead guilty or	nolo conte	endere to a felor	ny crime? Yes or N	[o	
	res to any questions: ide t you feel are relevant. Y				Please provide any deta	ails	
E	lucation						
Ple	ase check the <i>highest</i> le	vel achieved:					
	High School Diploma	or G.E.D.	Undergra	iduate Degree			
	Some College	☐ Some Graduate Courses					
	Associates Degree		☐ Master's Degree				
	ase indicate the high sc st recent.	hool(s) and colleges	(if applic	able), you have	attended, starting wi	ith the	
	School Name	Address		# of years attended	Degree or Major		
						1	

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Please	e list rel	ated course work, certif	ications or achieve	ements below:		
Employment Histo		nployers, starting with	the most recent.			
Employer Name: Employer Address:						
Employment Dates:	From_		To			
Job litle:						
Supervisor Name:			Phone Number:			
Reason for Leaving:						
May we contact?						
Employer Name:						
Employer Address:						
Employment Dates:	From		То			
Job Title:						
Supervisor rame.	Traine.					
Reason for Leaving:						
May we contact?						
Please list three persona	ıl referenc	res below:				
Name		Address	Phone #	Relationship		

am hir	y that the statements I have made in this application are true and complete. I understand that if I ed, any false or incomplete statements in this application will be grounds for immediate rge. I have read and understand the following statements:
Home	Sitter Agency, Inc. (Page 4)
	I hereby acknowledge that I will be required to register with the Family Care Registry, which will do a complete background check for offenses which may disqualify an applicant from being hired.  I hereby consent to a pre-employment criminal record check I hereby consent to a closed records check pursuant to Section 610.210 RSMo I hereby acknowledge that additional background checks may be conducted as well. I hereby acknowledge that <i>Home Sitter Agency, Inc.</i> , is an At-Will Employer. I hereby acknowledge that this application does not constitute a promise of employment with <i>Home Sitter Agency, Inc.</i> ,
Co 	mment Section:

Date

Signature of Applicant