Employment Application and Hiring Requirements

To meet the basic qualifications for hire, backgrounds checks, which include the FCSR and EDL, will be completed on all applicants. If an applicant has not resided in the state of Missouri for five (5) consecutive years prior to the date of his / her application for employment, Empower: Abilities In Home Services shall request a nationwide check for the purpose of determining if the applicant has a prior criminal history in other states. All personal care aides employed by Empower: Abilities In-Home Services shall meet the following requirements:

1. Be 18 years of age.
2. Be able to read, write, and follow directions.
3. Have a working cell phone.
4. Have current valid drivers license.
5. Have proof of current vehicle insurance
6. Have reliable transportation
7. Have least six (6) months paid work experience as an agency homemaker, nurse aide, maid or household worker; or at least one (1) year experience paid or unpaid in caring for children or for sick or aged individuals; or successful completion of formal training for nurse aides or home health aides.

Please answer the following questions:

How soon are you available to start working? ____________________________
Are you available to work Monday – Friday 8:00am to 6:00pm?  YES  or  NO
Are you available to work at least one weekend and month?  YES  or  NO

I acknowledge that I have read and understand the hiring requirements to be employed by Empower: Abilities.

Signature____________________________________________ Date _____________________
EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, gender, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

Section 1: ALL Fields Must Be Completed. If not applicable, mark N/A.

Name: ____________________________ Date: __________________

Have you ever been known by any other names or aliases (Including maiden name and prior marriage[s])? [ ] Yes [ ] No

If yes, please list: ____________________________________________________________

Address: __________________________ Phone #:___________ Alt. Phone #: ________________

City: _________________ Zip_________ Social Security Number: __________________________

Have you ever had another Social Security Number? [ ] Yes [ ] No

If yes, please list: ____________________________________________________________

Are you at least 18 years of age? [ ] Yes [ ] No

Are you legally eligible for employment in the U.S.? [ ] Yes [ ] No

When can you start? [ ] Full time [ ] Part time [ ] Temporary [ ] Other ______________

Hourly pay expected: ___________________

Section 2: ALL Fields Must Be Completed. If not applicable, mark N/A.

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1: ________________________________________________________________

Address: __________________________ City: ___________ State: __ Zip: __________

Phone #: ______________ Supervisor’s Name: ________________________________

Job Title: _______________________ Reason for leaving: _______________________

Dates of Employment: From: _______ To: _______ Salary or Hourly Rate: ____________

__________________________________________________________________________
EMPLOYMENT APPLICATION

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Employer 2: ____________________________________________

Address: ____________________________________________

City: ___________ State: ___________ Zip: ___________

Phone #: ___________________ Supervisor’s Name: _______________________

Job Title: ___________________ Reason for leaving: _______________________

Dates of Employment: From: ___________ To: ___________ Salary or Hourly Rate: _____________

Employer 3: ____________________________________________

Address: ____________________________________________

City: ___________ State: ___________ Zip: ___________

Phone #: ___________________ Supervisor’s Name: _______________________

Job Title: ___________________ Reason for leaving: _______________________

Dates of Employment: From: ___________ To: ___________ Salary or Hourly Rate: _____________

Empower: Abilities staff will contact at least two (2) credible references who will be either former employers or other knowledgeable person (excluding relatives). Please list three references below with current contact information.

Section 3: References

Reference 1: Name: ______________ Relationship to Employee: ______________

Phone Number: ______________ Years Known: __________ Business: ______________

Reference 2: Name: ______________ Relationship to Employee: ______________

Phone Number: ______________ Years Known: __________ Business: ______________

Reference 3: Name: ______________ Relationship to Employee: ______________

Phone Number: ______________ Years Known: __________ Business: ______________
EMPLOYMENT APPLICATION

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Section 3: Residence
Starting with your present residence, please list city and states where you have lived for the past six (6) years.

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Date From</th>
<th>Date To</th>
</tr>
</thead>
<tbody>
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</table>

Section 4: ALL Fields Must Be Completed. If not applicable, mark N/A.

EDUCATION
High School/Schools/Colleges Attended: # Years Degree

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<table>
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<tbody>
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</tbody>
</table>

Describe any special qualifications you may have for this job:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Describe any volunteer work you have done:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Are you able to meet all the requirements listed in the job description for which you are applying?  
[ ] No [ ] Yes
EMPLOYMENT APPLICATION
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Have you ever been convicted of a felony or misdemeanor? [ ] No [ ] Yes If yes, please explain:  

Have you ever been convicted of, pled guilty or nolo contendere (no contest) to, or have been found guilty of a class A or B felony violation of chapter 565, 566, or 459, RSMo, or any violation of subsection 3 or section 198.070 RSMo, or section 568.020 RSMo (a complete listing is on Page 4 of this application)? [ ] No [ ] Yes If yes, please explain:  

Have you ever been convicted of, pled guilty or nolo contendere (no contest) to, or have been found guilty of a crime in another state, which if committed in Missouri, would be one of the above mentioned offenses? [ ] No [ ] Yes If yes, please explain:  

Have you ever been investigated by the Department of Social Services Children’s Division, Family Services, Department of Health and Senior Services, or any other agency for any type of abuse, neglect or wrongdoing? [ ] No [ ] Yes If yes, please explain:  

NOTE: Failure to disclose criminal history is a class A misdemeanor. Please describe the nature, place of conviction, and disposition, or nature of all of the above mentioned investigations or crimes.

Does your name currently appear on the Employee Disqualification List? [ ] No [ ] Yes

Has your name appeared on the Employee Disqualification List in the past? [ ] No [ ] Yes

If yes, please explain:  

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

By signing below, I agree to the aforementioned statements and consent to a criminal record check and to a closed records check pursuant to Section 610.210, RSMo.

By signing below, I agree to be registered with the Family Care Safety Registry

Signature ____________________________ Date ______________________
Empower: Abilities will not knowingly employ any persons with criminal backgrounds, as required by the in-home services contract and statutory requirements (RSMo 660.317). Convictions of the following felonies shall make the individual ineligible for employment with:

<table>
<thead>
<tr>
<th>CRIMINAL VIOLATION</th>
<th>CRIME CLASS</th>
<th>RSMo SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arson in the first degree</td>
<td>A or B Felony</td>
<td>569.040</td>
</tr>
<tr>
<td>Arson in the second degree</td>
<td>B Felony</td>
<td>569.050</td>
</tr>
<tr>
<td>Assault in the first degree</td>
<td>A or B Felony</td>
<td>565.050</td>
</tr>
<tr>
<td>Assault on law enforcement officer in the first degree</td>
<td>A Felony</td>
<td>565.081</td>
</tr>
<tr>
<td>Assault on law enforcement officer in the second degree</td>
<td>B Felony</td>
<td>565.082</td>
</tr>
<tr>
<td>Burglary in the first degree</td>
<td>B Felony</td>
<td>569.160</td>
</tr>
<tr>
<td>Causing Catastrophe</td>
<td>A Felony</td>
<td>569.070</td>
</tr>
<tr>
<td>Child Molestation in the first degree</td>
<td>A or B Felony</td>
<td>566.067</td>
</tr>
<tr>
<td>Domestic assault in the first degree</td>
<td>A or B Felony</td>
<td>565.072</td>
</tr>
<tr>
<td>Elder abuse in the first degree</td>
<td>A Felony</td>
<td>565.180</td>
</tr>
<tr>
<td>Elder abuse in the second degree</td>
<td>B Felony</td>
<td>565.182</td>
</tr>
<tr>
<td>Enticement of a child (with prior conviction of this section, sections 568.045, 568.050 or 568.080, or Chapter 566, RSMo)</td>
<td>B Felony</td>
<td>566.151</td>
</tr>
<tr>
<td>Failure to report acts of abuse or neglect</td>
<td>A Misdemeanor</td>
<td>198.070.3</td>
</tr>
<tr>
<td>Forcible rape</td>
<td>A or B Felony</td>
<td>566.030</td>
</tr>
<tr>
<td>Forcible sodomy</td>
<td>A or B Felony</td>
<td>566.060</td>
</tr>
<tr>
<td>Incest</td>
<td>D Felony</td>
<td>568.020</td>
</tr>
<tr>
<td>Infanticide</td>
<td>A Felony</td>
<td>565.300</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>A or B Felony</td>
<td>565.110</td>
</tr>
<tr>
<td>Murder in the first degree</td>
<td>A Felony</td>
<td>565.020</td>
</tr>
<tr>
<td>Murder in the second degree</td>
<td>A Felony</td>
<td>565.021</td>
</tr>
<tr>
<td>Pharmacy robbery in the first degree</td>
<td>A Felony</td>
<td>569.025</td>
</tr>
<tr>
<td>Pharmacy robbery in the second degree</td>
<td>B Felony</td>
<td>569.035</td>
</tr>
<tr>
<td>Robbery in the first degree</td>
<td>A Felony</td>
<td>569.020</td>
</tr>
<tr>
<td>Robbery in the second degree</td>
<td>B Felony</td>
<td>569.030</td>
</tr>
<tr>
<td>Sexual abuse/assault (with injury, deadly weapon displayed, victim under age 14 or incapacitated, or forces contact with more than one person)</td>
<td>B Felony</td>
<td>566.100</td>
</tr>
<tr>
<td>Statutory rape in the first degree</td>
<td>B Felony</td>
<td>566.032</td>
</tr>
<tr>
<td>Statutory sodomy in the first degree</td>
<td>B Felony</td>
<td>566.062</td>
</tr>
<tr>
<td>Voluntary manslaughter</td>
<td>B Felony</td>
<td>565.023</td>
</tr>
</tbody>
</table>

**NOTE:** A conviction of attempt or conspiracy to commit a Class A felony is a disqualifying criminal conviction covered under the provision of section 660.317, RSMo. If the defendant attempts or conspires to commit a Class A felony, then the attempt or conspiracy is a Class B felony.

In addition to the above list, Empower: Abilities will not knowingly employ any persons who have been convicted of unlawful use of a weapon, illegal use of credit cards, or possession of illegal drugs.