



1854 Minnesota Ave. Ste#4 Kansas City, Kansas 66102

APPLICATION FOR EMPLOYMENT

Please print, sign and present your form via fax, in person, or by mail

Date of Application: _____

PLEASE READ THE FOLLOWING CAREFULLY

Thank you for your interest in joining our team. Our associates make us successful and the employment process is an important aspect of building our team. Please complete as follows:

1. Application For Employment Form
2. Release of Employment Records Form
3. Print all information so it may be easily read. Be certain that each section is completely filled out. Incomplete applications will not be considered. Only one application per property will be accepted and you may select one or more positions within the same application.
4. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.
5. As part of this application, a job description containing the essential functions of the job is available for review. If it has not been supplied to you, it is your responsibility to ask for one.

POSITION APPLYING FOR (select one or more):

- | | | |
|---|---|---|
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Field Case Manager |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Clinical Director/Alternative Admin. | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Home Health Aide |
| <input type="checkbox"/> Director of Operations | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Caregiver |
| | <input type="checkbox"/> Speech Therapist | |
| | <input type="checkbox"/> Other Therapist _____ | |

APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to confirm to the rules and regulations of the Kansas Community Home Health Care LLC (KCHHC), including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the KCHHC or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the KCHHC from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may

disqualify me for employment with KCHHC. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination. I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with KCHHC is for no guaranteed period of time and may be terminated by myself, KCHHC with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the KCHHC's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between KCHHC and myself.

A copy of this release shall be as valid as the original.

THE COMPANY'S STATEMENT

KCHHC complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

KCHHC is an equal employment opportunity employer. It is the policy of the KCHHC to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with KCHHC should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

I acknowledge that I have read and understand all of the foregoing and wish to proceed with the application process.

I accept: ☐ Yes ☐ No

Print Name: _____ Signature: _____

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA:

FULL NAME:			
STREET ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	CELLULAR NUMBER:		
SOCIAL SECURITY NUMBER:	E-MAIL:		

ADDITIONAL INFORMATION:

Salary / Wage Desired:	How were you referred to us?
Have you previously filed an application with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date:	Have you previously been employed by this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date:
Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Note: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)</i>	
Are you age 18 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Note: If no, you may be required to furnish proof of exemption of partial waiver as detailed by your State Child Labor Law)</i>	
Please list any relatives or friends who are employed at this work site and their relationship to you:	
Please describe your reasons for seeking this position:	
Have you ever been terminated or forced to resign from an employment? <input type="checkbox"/> YES <input type="checkbox"/> NO Is so, please explain the circumstances surrounding your termination:	
Date available to work:	Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
Days you are available to work: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Have you ever been convicted of a felony/misdemeanor or pleaded no contest to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? Or involved in a medical malpractice, action? <i>(Include any and all instances of these foregoing even if adjudication was withheld)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of offense and description of the case. A felony conviction record will not necessarily bar you from employment:	

EDUCATION / SKILLS:

TYPE OF SCHOOL	NAME, STREET, CITY, STATE AND ZIP FOR EACH SCHOOL:	NO. OF YEARS ATTENDED:	DID YOU GRADUATE? DEGREE OBTAINED:	MAJOR COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS OR MEDICAL SCHOOL				

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Additional Skills and Qualifications: Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Other Languages: (read, written and spoken) _____

EMPLOYMENT EXPERIENCE:

Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your current employer for reference check? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first). Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS:		
TELEPHONE:	WAGES / SALARY STARTING: FINAL:	POSITION:
REASON FOR LEAVING:		
EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS:		
TELEPHONE:	WAGES / SALARY STARTING: FINAL:	POSITION:
REASON FOR LEAVING:		
EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS:		
TELEPHONE:	WAGES / SALARY STARTING: FINAL:	POSITION:
REASON FOR LEAVING:		

Please provide an explanation for any lapse of employment: _____

REFERENCES:

NAME:	DATE KNOWN: FROM: TO:	TELEPHONE:
ADDRESS:		
RELATIONSHIP:		
NAME:	DATE KNOWN: FROM: TO:	TELEPHONE:
ADDRESS:		
RELATIONSHIP:		
NAME:	DATE KNOWN: FROM: TO:	TELEPHONE:
ADDRESS:		
RELATIONSHIP:		

TYPE YOUR FULL NAME IN THE PROVIDED FIELD AND CHECK THE BOX TO INDICATE YOUR ACCEPTANCE OF THESE TERMS:

1- I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for my last three (3) work experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

2- KCHHC is hereby authorized to make any investigations of my employment, educational, credit, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information. If employed by KCHHC, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will

be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work hours other than the ones for which I am applying and I agree to such scheduling change as directed by my supervisor.

3- I understand that an offer of employment and continued employment with KCHHC is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

4- I understand that this application for employment and that no employment contract, either express or implied, is being offered.

5- I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

I accept: ☐ Yes
☐ No

Print Name: _____

Signature: _____

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