

PREFERRED ALTERNATIVES OF MISSOURI, INC.

APPLICATION FOR EMPLOYMENT

Active for Sixty (60) Days

DATE OF APPLICATION: _____

PLEASE PRINT

PERSONAL INFORMATION

Name: _____
Last First MI Maiden (if applicable)

Present Address *: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

* If less than 24 months at the above address; please list previous addresses below:

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ Are you at least age 18? ____ Yes ____ No

Check one:

____ I am a U.S. Citizen. Social Security Number: _____

____ I have the right to work in the United States. INS Number: _____

Position(s) applied for: 1. _____ 2. _____

Rate of pay expected _____ How soon could you report to work? _____

Type of employment: ____ Full Time ____ Part Time ____ PRN (as needed)

What days can you work? (Circle) Mon Tues Wed Thurs Fri Sat Sun

What shift (s) can you work? _____
First Second Third

Do you have obligations that might interfere with working your schedule? ____ Yes ____ No If yes, please explain: _____

Have you ever been dismissed or asked to resign from any employment? ____ Yes ____ No If yes, please explain: _____

Do you have a valid Driver's License? ____ Yes ____ No Date of Birth: ____/____/____

Have you had any of the following?

Provide Details

- DUI or reckless driving conviction in last 3 yrs ____ No ____ Yes _____
- 2 or more accidents in last 3 yrs ____ No ____ Yes _____
- More than 5 moving violations in last 5 yrs ____ No ____ Yes _____

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain: _____

Are registered with the Family Healthcare Registry? ___ Yes ___ No

Have you ever been convicted of a misdemeanor? ___ Yes ___ No If yes, please explain: _____

Have you ever worked for Preferred Alternatives before? ___ Yes ___ No If yes, dates of employment, office, and job title: _____

EDUCATION

High School _____ Graduated ___ GED ___ Date Earned _____
Circle last year completed 9 10 11 12

College/University _____ Degree: _____ Date Earned: _____

Post Graduate _____ Degree: _____ Date Earned: _____

FOUR PERSONAL REFERENCES

(References may *NOT* be related to you; *ONE* reference must have known you for at least 5 years)

1. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

2. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

3. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

4. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

WORK HISTORY

(Please describe work experience for the last 5 years beginning with the most recent)

1.	_____	_____
	Name of CURRENT Employer	Phone Number
	We may contact your current employer (check one) _____ Now _____ After _____	
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay
2.	_____	_____
	Name of Employer	Phone Number
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay
3.	_____	_____
	Name of Employer	Phone Number
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay
4.	_____	_____
	Name of Employer	Phone Number
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay
5.	_____	_____
	Name of Employer	Phone Number
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay
6.	_____	_____
	Name of Employer	Phone Number
	_____	_____
	Job Title	Date Hired Date Left
	_____	_____
	Reason for Leaving	Starting Pay Final Pay

Please explain ALL breaks in employment: _____

Preferred Alternatives of Missouri, Inc is an Equal Opportunity Employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state and federal equal opportunity laws.

I understand and agree:

1. Preferred Alternatives will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Preferred Alternatives and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
2. With appropriate consent(s), I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
3. After a conditional offer of employment has been made with Preferred Alternatives, I further understand and agree:
 - to take a medical examination and/or drug screening by a qualified physician at the discretion of my employer;
 - that, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work, or a work schedule other than Monday through Friday;
 - that this is an application for employment and that no employment contract is offered or implied;
 - that if I become employed, such employment is for no definite period of time and that Preferred Alternatives may change wages, benefits and conditions of employment at any time;
 - if hired, I agree to submit my fingerprint for the time clock system; and,
 - if hired, I may be asked to sign a non-compete contract under company policy.
4. I further agree to maintain confidentiality for information regarding service recipients and employees of Preferred Alternatives of Missouri, INC. I understand violations of these rules may result in justification for refusal of employment, criminal prosecution, civil penalties, disciplinary action and/or termination of employment from PAI.

I have read, understand, and agree to the above conditions.

Signature

Date

Referred By: _____
(How did you hear about PAI?)

PREFERRED ALTERNATIVES OF MISSOURI, INC.

I authorize PAI to conduct the following:

- contact all personal and professional references identified on this application;
- perform a driver’s license check on the DMV website prior to possible employment, and if hired, annually or as needed basis thereafter, to ensure my driver's license is valid; and,
- check the MISSOURI Abuse, Felony and Sexual Offender Registries.

PROVIDER STAFF PROTECTION FROM HARM STATEMENT

I certify and affirm that to the best of my knowledge and belief I (check one):

Have
 Have Not

had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize Preferred Alternatives of Missouri, Inc. to have full and complete access to any and all current or prior personnel or investigative records that pertain to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

CONSENT TO DRUG SCREENING

I consent to a drug screening as terms of my possible employment with this company. Further, I understand that:

- I may be subject to random drug screening at any given time during my employment;
- failure to comply with the drug screening program may be cause for disciplinary action, up to and including termination; and,
- a positive drug screening may be cause for termination or denial of employment.

I am currently certified in the following training:

<input type="checkbox"/> CPR (Adult)	<input type="checkbox"/> Medication Administration
<input type="checkbox"/> First Aid	<input type="checkbox"/> MANT
<input type="checkbox"/> Core Training	<input type="checkbox"/> Other Trainings _____

I have had a TB Skin Test / Statement / Chest X-ray within last 12 months. Yes No

Print Name

Date

Signature

Date