

Direct Care Inc.

PCA & MEDICAID WAIVER SERVICE PROVIDER

APPLICATION FOR EMPLOYMENT (Application is front and back)

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS Address: 3006 Common St. Lake Charles, LA 70601.

#337-436-5001.

Position: Personal Care Attended (PCA)

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address _____ Date of Birth _____

Social Security No. _____

Cell Phone #: _____ Text Messaging: Yes No Cell Phone Carrier: _____

Home/ Other Phone#: _____

Check the shifts that you are **AVAILABLE** to work
 7am-3pm 3pm-11pm 11pm-7am
 8am-3pm 3pm-9pm

Check the days that you are **AVAILABLE** to work
 Mon Tues Wed Thurs Fri Sat Sun
 Please list any hours/days that you are unavailable
 due to other job, school, etc.: _____

How many hours can you work weekly? _____ Can you work double shifts? Yes / No

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to begin work if hired? _____

E-MAIL ADDRESS:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

DO YOU HAVE ACCESS TO A DEPENDABLE VEHICLE FOR YOUR WORK USE? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____
Have you had any moving violations during the past three years? Yes No How Many? _____

Are you currently a Certified Nursing Assistant (CNA)? Yes No

Do you have CPR/First Aid Certifications? Yes No

Other certifications or credentials? Describe: _____

Height _____ ft. _____ in. Weight _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

Do you know anyone who works at Direct Care? If so who:

REFERENCES

Please list two work-related and one personal reference. Provide adequate contact information as references will be contacted prior to employment.

Name: _____ Phone: _____

Position: _____ Company: _____

Name: _____ Phone: _____

Position: _____ Company: _____

Name: _____ Phone: _____

Position: _____ Company: _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please fully complete your work experience starting with your most recent.

Employer Name, Address, and Phone Number(s)	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Name, Address, and Phone Number(s)	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Direct Care, Inc. (hereinafter called "the Agency"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Direct Care, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Agency. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand the misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contact.

I also understand (1) the Agency has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on successful passing of testing under such policy. I further understand continued employment may be based on the successful passing of job-related physical examinations.

I understand, in connection with the routine processing of my employment application, the Agency may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Agency will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand my initial employment with the Agency shall be probationary for a period of ninety (90) days, and further at any time during the probationary period or thereafter, my employment relationship with the Agency is terminable at will for any reason by either party. I understand I may be required to complete a pre-employment drug screen at my own expense. I further understand I may be invited to participate in an un-paid pre-employment training.

I understand Direct Care, Inc. and its agents, officers, service recipients and their family members may view personal information about me available in the public domain (internet, Facebook, Instagram, Twitter, Snapchat, and other social media platforms) and this information may be considered by Direct Care in determining my suitability for initial and continuing employment.

Signature of applicant _____ Date: _____

Please save completed application and send to the following email: info@directcareinc.com

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability or military status.

Thank you for completing this application form and for your interest in our Agency.

Direct Care INC.

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#337-436-5001.