



EMPLOYMENT APPLICATION

Name _____ Date of application _____
 Last First Middle

Social Security #: _____ Are you over the age of 21: Yes No

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Driver's License _____ Has your driver's license been suspended or revoked Yes No

If so, please explain: _____

Are you a U.S. citizen? Yes No Are you authorized to work in the U.S.? Yes No

Have you lived in Nevada for the past five (5) years? Yes No If no list states _____

GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you ever been convicted of a crime, found guilty, plead guilty and/or pleas of nolo contendere except for minor traffic violations? Yes No If yes, explain: _____

EDUCATION & TRAINING:

Circle last grade completed – Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade



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REFERENCES:

Please List Three Professional references.

Full Name	Relationship	Phone	Email

EMPLOYMENT HISTORY:

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$



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Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Position applying for, be specific: _____ Salary Requirements \$ _____ Per Hour Per Month

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorized the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnished same to you.

Signature _____ Date _____

Background Screening:

Date _____

It is mandatory that all applicants be registered with the Nevada Department of Health and Senior Services Family Care Safety Registry. My signature below provides authorization for Anjels Nest Home Health Care, Inc. to conduct a background screening on me. If I am not registered, I will pay fifteen dollars and twenty-five cents (\$15.25) registration fee. If there are findings in my screening, and I want to become an employee, I agree to complete a "Good Cause Waiver"

Application prior to being hired by Anjels Nest Home Healthcare, Inc. Once complete, Anjels Nest Home Healthcare, Inc. will receive a report from the Family Care Safety Registry indicating a Good Cause Waiver has been received and a case opened on my behalf. The Department of Health and Senior Services may grant (approve) a "Good Cause Waiver" at their discretion.

Pre-Employment Criminal Record Check

- All applicants are required to obtain a criminal background check which is conditions of employment.

Family Care Safety Register (FCSR)

- The FCSR will be checked four times a year.
- Are you registered with the **Family Care Safety Registry?** Yes No
- Have you applied for a Good Cause Waiver? Yes No



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e-Verify

- Anjels Nest Home Healthcare is required by the Department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenship.

Employee Disqualification List (EDL) ○ The EDL maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have:

- Are you listed on the Employee Disqualification List? Yes No (verification will be performed)
- Abused or neglected a resident, patient, client, or consumer;
- Misappropriated funds or property belonging to a resident, patient, client, or consumer; or ○ Falsified documentation verifying delivery of services to an CDS client or consumer ○ The EDL will be check four times a year

Office of Inspector General (OIG)

- The Department of Health and Senior Services requires Anjels Nest Home Healthcare, Inc. to run this report on each employee monthly.

No applicant can be employed by Anjels Nest Home Healthcare, Inc. until they pass a screening of the Employee Disqualification List (EDL) and until Anjels Nest Home Healthcare, Inc. has obtained a clean background check on the application from the Family Care Safety Registry (FCSR). Anyone listed on the EDL or FCSR will not, under any circumstances, be employed by Anjels Nest Home Healthcare, Inc. If hired, the attendant will have a copy of the background check and EDL placed in their application file. If any listings appear on either of these background checks, the attendant will no longer be able to be employed by Anjels Nest Home Healthcare, Inc.

Background Screening Application:

Name _____

Address _____

City/State/Zip _____

Phone Number (Home) _____ (Cell) _____



EMPLOYMENT APPLICATION

Social Security Number _____ Date of Birth _____

Please disclose all aliases and social security #'s used by you the applicant:

Signature Authorization:

I have read this policy and understand my employment is conditional pending the outcome of the Nevada Department of Health and Senior Services **final decision and determination**. I also grant permission Anjels Nest Home Healthcare, Inc. to verify my employment eligibility through e-Verify, OIG, FCSR, EDL, closed record check and criminal record check.

Applicant Signature _____ Date _____