



APPLICATION FOR EMPLOYMENT

EOE - M/F/D/V

Faith Home Care Services, LLC considers an applicant without
Regard to race, color, religion, sex, gender preference, national origin, age, marital or veteran status.

PLEASE PRINT and Complete ALL information – "SEE RESUME" is not an acceptable response.

FOR WHAT POSITON ARE YOUR APPLYING? _____ DATE: _____

If this position requires a license, registration or certification, please write the number and State.
#: _____ Expiration date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Telephone(s) Home: _____ Work: _____ Cell: _____

Best time to call AM / PM at HOME WORK CELL

SOCIAL SECURITY NUMBER: _____ - _____ - _____

How did you learn about us? Advertisement Friend/Relative Walk – In Internet

If under 18 years of age, can you provide required proof of eligibility to work? Yes No Not Applicable

Have you ever been employed by us before? Yes No if YES, dates Month/Year: _____

Are you currently employed: Yes No May we contact your present employer? Yes No

May we contact your previous employer(s) Yes No If no why? _____

Can you provide proof of your eligibility to work in the United States? Yes No

What is your preference of work status: FULL TIME PART TIME PRN (as needed)

HOURS AVAILABLE _____ Mon Tues Wed Thurs Fri Sat Sun

What date are you available to start work? _____

Have your ever been involved in as a defendant in a malpractice claim or lawsuit? Yes No

If, Yes, are your willing to discuss during an interview? Yes No

Can you travel if the position requires it? Yes Local Overnight No

Have you been convicted of a felony in the last 7 years? Yes NO (A felony conviction will not necessarily bar you from
Employment with our company.)

If yes, give city, date, incident and charge below

Date: _____ Incident: _____ City/State: _____ Charges: _____

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Please read our job description, for which you are applying and declare,

I can perform all the functions without accommodation I will require the following accommodation(s)

If necessary, can you provide proof of liability insurance on your personal vehicle/transportation? Yes No

If necessary, will you agree to a drug screen? Yes No

Will you comply with our policy of not using tobacco products during working hours? Yes No

EDUCATION

ELEMENTARY Name: _____ City/State: _____

High School Name: _____ City/State: _____

Graduate? Yes No GED Date graduated: _____

TECHNICAL Name: _____ City/State: _____

Graduate? Yes No Date graduated: _____ Field of Study: _____

COLLEGE OR Name: _____ City/State: _____

UNIVERSITY Graduate? Yes No Date graduated: _____ Field of Study: _____

GRADUATE SCHOOL Name: _____ City/State: _____

Graduate? Yes No Date graduated: _____ Field of Study: _____

Describe any specialized training; apprenticeship, skills and extra – curricular activities applicable to job you are applying for:

Describe any honors received during course of study that applies to this position: _____

State any additional information you feel may be helpful to us in considering your application. _____

INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE.

Language: _____ SPEAK Fluent Good Fair

READ Fluent Good Fair

WRITE Fluent Good Fair

Language: _____ SPEAK Fluent Good Fair

READ Fluent Good Fair

WRITE Fluent Good Fair

LIST PROFESSIONAL, TRADE, BUSINESS AND OFFICES HELD. _____

PERSONAL / PROFESSIONAL REFERENCES: (3 or more)

Name: _____ Address: _____ DAY TIME PHONE: _____

Name: _____ Address: _____ DAY TIME PHONE: _____

Name: _____ Address: _____ DAY TIME PHONE: _____

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EMPLOYMENT EXPERIENCE

Begin with current or most recent employer and work backwards to provide up to 10 years history, if applicable

Employer Name: _____ Address: _____ Phone: _____
Dates Employed: _____ to _____ Title: _____
Supervisors Name: _____ Reason for leaving: _____

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USE THIS SPACE TO explain any gaps of time in your employment history (write date(s) of gap and your explanation)

APPLICANT STATEMENT

I understand this application form is intended for use in evaluation my qualifications for employment, and that it is not an Employment contract.

I understand this application is only for the specific job opening I indicated on page 1 and that the company will not consider this application for any other job opening. It is my responsibility to be kept informed about any future job openings and that the company is under no further obligation to consider this application other than for the opening I specified on page 1 of this application.

I authorize investigation, which may include a credit check, of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the company and/or its agents, including consumer-reporting agencies, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and workers' compensation history by social security number and/or with other identifiers. I hereby release without reservation all persons, employers, schools, companies and law enforcement authorities from any liability damage whatsoever for issuing this information.

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

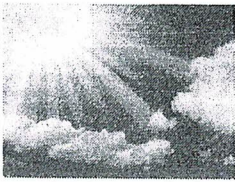
I understand that "The Company" maintains a "smoke-free" workplace at all times to include areas where care is rendered.

Should I become employed, I agree to comply with the policies, rules, procedures and regulations of Faith Home Care Services, LLC. I understand that my employment and compensation can be terminated with or without cause and with or without notice, at any time and at the option of either the company or myself. I understand that no director, manager or other representative of Faith Home Care Services, LLC other than the Chief Executive Officer, President, or Agency Administrator, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time in the future. I understand, also, that I am required to abide by all rules and regulations of the employer and that if I violate any of the Company's rules, regulations and/or any of the professional standards as administered by any appropriate Stat, Federal or duly recognized standards of my profession, such violation may result in my employment termination.

I read or was offered to read the Job Description for the position I specified on Page 1 of this application.

Signature: _____ Date: _____



FAITH HOME CARE SERVICES, LLC
VERIFICATION OF PRESENT
and/or
PREVIOUS EMPLOYMENT

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

EMAIL: _____

I _____ am a former employee of your organization and have completed most of the employment process with Faith Home Care Service, LLC. I respectfully request that you complete the information below and return it to Faith Home Care Services, LLC. at your earliest convenience so that I may complete this employment process.

In consideration of potential employment with Faith Home Care Services, its agents and/or successors, I hereby, for myself, my heirs, administrators, and assigns, release, remise, and discharge my former employer(s) and their agents, successors and employees, of and from all claims, demands, actions and injuries, sustained to my person or property as a result of any act, omission or negligence as a result of completing this questionnaire's.
 I am aware that my potential employment with Faith Home Care Services, LLC. Can be negatively affected as a result of the information reported by my former employer(s) and I assume all the risks of injury to my person and property that may be abstained as a result.

I represent and certify that I am either of legal age and/or emancipated in the State of Oklahoma and authorized to sign this agreement.

Applicant Signature _____ Date _____

For Faith Home Care Services, LLC – Human Resources

To (print Company Name) _____
 Faith Home Care Services requires all applicants to provide verification of former employment or training. These references are carefully evaluated prior to employment. Information furnished will be held in the strictest of confidence, and an applicant will not be eliminated or selected on the basis of a single reference.
 We can complete our post offer selection and employments process **ONLY AFTER** your return this information to us – so, please – time is of the essence for your former employee and for us. Thank you in advance for the courtesy of an expedient reply.
 Krystal Shephard, Administrator
 Faith Home Care Services, LLC
 2524-A East 71st Street
 Tulsa, OK 74136
 Phone: 918-621-4454 / Fax: 918-622-9117

Former Employer, Please confirm the following information and return in our pre-addressed envelope.

Dates Employed: _____ to _____ Position: _____

Rate of Pay: _____ per _____ Reason for leaving: VOLUNTARILY INVOLUNTARILY

Is the employee eligible for re-hire? YES NO if no, why? _____

<u>DEMONSTRATED TRAITS</u>	<u>OUTSTANDING</u>	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>
JOB KNOWLEDGE	_____	_____	_____
JOB SKILLS / COMPETENCY	_____	_____	_____
RELIABILITY	_____	_____	_____
DEPENDABILITY	_____	_____	_____
WORKS WELL WITH OTHERS	_____	_____	_____
ACCEPTANCE OF SUPERVISION	_____	_____	_____
ABILITY TO WORK WITHOUT DIRECT SUPV	_____	_____	_____

SIGNATURE _____ TITLE _____ DATE _____



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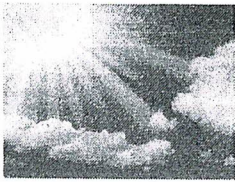
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WORKS WELL WITH OTHERS	_____	_____	_____
ACCEPTANCE OF SUPERVISION	_____	_____	_____
ABILITY TO WORK WITHOUT DIRECT SUPV	_____	_____	_____

SIGNATURE _____ TITLE _____ DATE _____

CONFIDENTIAL INFORMATION

Faith Home Care Services, LLC
2524-A East 71st Street
Tulsa, OK 74136

VOLUNTARY DECLARATION FORM

1. This invitation to register is voluntary and will be kept confidential

Faith Home Care Services, LLC strives to employ and advance employees and applicants regardless of race, color, age, sex, marital status, religion, disability or veteran status.

If you do not wish to answer any question(s) or provide any information on this form, please leave the space blank

Name: _____ Date of Birth: _____

Gender: Female Male Age: _____

Marital Status: Single Engaged Married Widowed Separated Divorced

Please check all the categories below, to which you belong, or that you think the local community would place you in.

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follow (check all that apply).

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A per son having origins in any of the original peoples of the Far East, Southeast Asis, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Koea, Malaysia, Pakistan, the Philippine Islands, Thalland, and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

Are you a veteran of the United States Military Service? No Yes (check your veteran category below)

- SPECIAL DISABLED
- VETERAN OF THE VIETNAM-ERA
- OTHER VETERANS
- NEWLY SEPARATED VETERANS

Branch of Military Service _____

Date of Entry _____ Date of Discharge _____ Type of Discharge _____



Faith Home Care Services, LLC

Background Check Form

Furnished for the purpose of positive identification: (Print Clearly)

Last: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

A.K.A. (include maiden name): _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Place of Birth: _____

Driver License #: _____ State: _____

Have you had your fingerprints taken since 2014? Yes No

Address History and Dates (Past 20 Years)
