

*PERSONAL CARE ATTENDANTS EMPLOYMENT APPLICATION*

**Applications will not be processed unless this application is completed entirely**

**(Please Select One)**    Work For A Specific Person       Be Referred To Others

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Can you verify that you meet the following qualifications:

You are at least 18 years of age?      Yes  No

You are able to meet the physical and mental demands required to perform specific tasks for the consumer?      Yes  No

You agree to maintain confidentiality?      Yes  No

You are emotionally mature and dependable?      Yes  No

You are able to handle emergency situations?      Yes  No

You are not the consumer's spouse?      Yes  No

Have you lived in Missouri for the past 5 years?      Yes  No

If No, please list the state you lived in. \_\_\_\_\_

Do you smoke?      Yes  No

How did you learn of this position? \_\_\_\_\_

Is there any reason why you would not be able to perform the job duties?      Yes  No

If Yes, please explain below: \_\_\_\_\_

If you are hired for the position of Personal Care Attendant (PCA), a background screening via the Family Care Safety Registry (FCSR) must be conducted prior to your first day of employment. Please read the following questions carefully and respond truthfully and fully.

Have you been charged with an offense other than a minor traffic violation?      Yes  No

**Please disclose all criminal convictions, findings of guilt, pleas of guilt, and pleas of nolo contendere** or provide a statement that there is no record of such background. Failure to disclose any criminal information is a violation of the law. If this does not apply please use N/A.

If Yes, Give Offense and Date for Each Crime: \_\_\_\_\_

I give **A BETTER OPTION, LLC** consent to conduct a pre-employment criminal record check. Yes  No  If No, please explain:

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I authorize **A BETTER OPTION, LLC** to conduct a closed record check pursuant to Section 610.120, RSMo. Yes  No  If No, please explain:

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Have you ever used any aliases and social security numbers other than the name and social security number you used on this application? Yes  No   
 If Yes, please disclose all aliases and social security numbers that you have used:

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Are you registered with the Family Care Safety Registry (FCSR)? Yes  No

Have you applied for a Good Cause Waiver? Yes  No  If YES, When?

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Do you have a Skilled License? Yes  No  If YES, what type? \_\_\_\_\_

Do you have a valid Driver's License? Yes  No

Do you have transportation? Yes  No

Have you ever worked with persons with physical/cognitive disabilities? Yes  No

If yes, Please explain: \_\_\_\_\_

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**PREFERENCES AND AVAILABILITY**

Do you prefer working with males, females or either? \_\_\_\_\_

What days and hours are you available? Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_

Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Please check the following duties that you are willing/able to perform on a daily basis:

<b>Bathing/Showering</b>	<b>Dressing/Grooming</b>	<b>Housework</b>	<b>Toilet Routine</b>
<b>Cleaning</b>	<b>Errands</b>	<b>Laundry</b>	<b>Transfers</b>
<b>Correspondence</b>	<b>Feeding</b>	<b>Meal Preparation</b>	<b>Shopping</b>

**EMPLOYMENT HISTORY**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ May we contact this employer? Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you eligible for re-hire? Yes  No

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ May we contact this employer? Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you eligible for re-hire? Yes  No

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ May we contact this employer? Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you eligible for re-hire? Yes  No

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**REFERENCES**

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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I \_\_\_\_\_ **certify that all of the information contained in this application is true and complete and I authorize verification of any or all information presented above.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**A BETTER OPTION, LLC is an equal opportunity employer. In accordance with the Civil Rights Act of 1964, our agency does not discriminate in employment due to race, creed, religion, age, national origin or disability.**

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**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_, **Executive Director**