

Hope Care Center

Employment/Volunteer Application

Our Mission

Providing a Continuum of care to improve the lives of
people living with HIV/AIDS

Our Vision

Hope and life for the HIV/AIDS Community

Our Philosophy

Respect
Partnership
Quality
Dignity
Compassion
Independence

Hope Care Center Inc.

Employment/Volunteer Process Guide

(PLEASE READ AND CONSIDER ALL OF THIS INFORMATION PRIOR TO COMPLETING AN APPLICATION)

Thank you for your interest in employment and volunteer opportunities with Hope Care Center. In an effort to make the application process as simple as possible, please review the key points below in order to help you better understand our employment and volunteer process.

Age

Employees at Hope Care Center must meet the minimum age requirement of 18, with the exception of a few positions that require a candidate to be at least 16 years of age. A high school diploma or equivalent is required for most positions. Volunteers at Hope Care Center must be at least 16 years of age.

Working Conditions/Background Checks/Drug Screens

Hope Care Center is open 24 hours per day, seven days per week, including holidays. We complete background checks on potential candidates for employment and volunteer positions. These checks include, but are not limited to: criminal background checks and checks to insure candidates have not been excluded from participation in Federal or state funded programs. In addition, all candidates extended offers of employment (or individuals who have been approved as volunteers) will be required to undergo pre-placement drug screens within 48 hours of acceptance offers. Please keep this in mind prior to completing an application.

Selection

- Applicants ***must meet*** the minimum requirements to be considered for positions for which they apply.
- Applicants who ***best meet*** the requirements for available positions will be contacted for interviews.
- The applications of candidates who ***meet*** the minimum requirements of the positions for which they apply, but are not called for interviews will be kept on file for six months.
- The applicant's work history, education, and job interests will be reviewed at the first interview. Benefits and pay may also be discussed.
- Applicants who have participated in a first interview may be called for a second interview ***OR*** receive a regret letter indicating that another applicant has been selected and that the application has been placed on file for future review.

Notification

Due to the number of applications received, we are only able to reply to those who receive an interview. Hope Care Center makes every effort to notify each applicant as to the status of his or her application after the first interview. We accept applications Monday through Friday during normal business hours (9AM-5PM).

Hope Care Center Inc.

115 East 83rd Street
Kansas City, MO 64111
(816) 523-3988

EMPLOYMENT/VOLUNTEER APPLICATION

PERSONAL

(Please print)
Name _____ Social Security Number _____
Address _____ Business Phone (____) _____
_____ Home Phone (____) _____
City _____ State _____ ZIP _____

POSITION

Type of Employment Desired: Full-time Part-time Temporary/PRN
Shifts Available: Days Evenings Nights
Date Available: _____

Position(s) applied for:

Nursing RN LPN CMT CNA

Dietary Position: _____

Housekeeping/Laundry Position: _____

Social Services Position: _____

Maintenance Position: _____

Clerical Position: _____

Finance Position: _____

Volunteer Interests: _____

Have you ever been employed by Hope Care Center? Yes No If yes, complete the following:

Department _____ Position _____ From: _____ To: _____

Reason for Leaving: _____

CERTIFICATION

I certify that my responses/answers to the questions and statements on this application are true and correct without omissions of any kind. I understand that all information that I provide in this application is subject to verification as a routine part of the hiring process. I understand that if employed, falsified statements, answers or omissions shall be grounds for immediate discharge, even if discovered at a later date.

I authorize the companies, persons, or organizations named to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies, persons, or organizations from any liability or damage for issuing this information.

I understand that any offer of employment is contingent upon obtaining satisfactory responses to reference inquiries, background checks and results of a post-offer, pre-placement drug screen and employee health assessment.

If accepted for employment, I hereby agree by the rules and policies of Hope Care Center. In addition, I will work the hours, days, and shifts needed within my assigned area. If employed, I understand that I may be required to submit to periodic blood tests, urinalysis, or other drug and alcohol screening as a condition of continued employment. Refusal to consent may result in disciplinary action, up to and including termination. In addition, I may be subject to periodic background checks as required by Hope Care Center's Corporate Compliance Program as well as other appropriate laws and governing bodies.

I understand that completion of this application for employment is not a contract for employment and that if employed by Hope Care Center, employment and compensation may be terminated with or without cause at anytime at the option of Hope Care Center or myself.

I have read and fully understand the above information.

Signature of Applicant: _____ Date: _____

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER and follow with former places of INFORMATION, EVEN IF A RESUME IS ATTACHED.

1	Employer	Dates Employed		Salary	
		From	To	Starting	Ending
	Address	Nature of work performed & responsibilities:			
	Employer phone number				
	Job Title	Name and title of supervisor			
	Reason for leaving				

2	Employer	Dates Employed		Salary	
		From	To	Starting	Ending
	Address	Nature of work performed & responsibilities:			
	Employer phone number				
	Job Title	Name and title of supervisor			
	Reason for leaving				

3	Employer	Dates Employed		Salary	
		From	To	Starting	Ending
	Address	Nature of work performed & responsibilities:			
	Employer phone number				
	Job Title	Name and title of supervisor			
	Reason for leaving				

For reference and verification purposes, have you ever worked under another name? If so, indicate name.
May we contact current and previous employer(s) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any periods of unemployment in the past 5 years:
Have you ever been terminated involuntarily or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain

Educational Background

School	Name-City-State	Circle Last Year Completed	Mo/Yr Graduated	Degree	Major or Course of Study
High School		9 10 11 12 GED			
College		1 2 3 4			
Graduate		1 2 3 4			
Business College or Vocational School		1 2 3 4			

Are you currently enrolled in an educational program? Yes No If yes, please describe the program:

Registration Licensure

Do you possess any kind of professional license, certification, or registration (not driver's license)? Yes No

Type	State	Issuing Authority	License No.	Expiration Date

If not licensed in Missouri, have you applied for Missouri license? Yes No
 Has your license ever been suspended, revoked or terminated? Yes No
 Are any professional registration, licensure, or certification actions currently pending against you? Yes No
 Has your license ever been placed on probation? Yes No
 Have you ever informally resolved any recommended or potential adverse actions involving professional licensure, registration or certification? Yes No
 Have you ever been a defendant in any civil legal action involving your professional competence? Yes No
 If you answered "Yes" to any of the above questions, please explain fully:

Personal Data

- Are you under age 18? Yes No If yes, what is your birth date? _____
- Do you have any restrictions or limitations that prevent you from performing the job's minimum physical requirements (i.e., lifting 75-100 lbs.)? Yes No If yes, describe: _____
- Have you ever been charged with, pled guilty to, or been convicted of a misdemeanor? Yes No
- Have you ever been charged with, pled guilty to, or been convicted of a felony? Yes No
- Have you ever participated in a first offender, deferred adjudication, or other program or arrangement where judgment or conviction has been withheld? Yes No
- Are any criminal charges currently pending against you? Yes No *(We conduct criminal record background checks. Falsification of this or any other information on this application is grounds for immediate termination, even if discovered at a later date. A conviction does not necessarily disqualify you from employment.)* If you checked "Yes" to #2, #3, #4, or #5, please explain fully: (Use additional sheet of paper if necessary.) _____
- Has any action been taken against you that excluded you or has excluded you from participation in a Federal government health care program including Medicare or Medicaid? Yes No If yes, explain fully: _____
- Do you currently have relatives employed by Hope Care Center? Yes No If yes, provide names, relationship to you, and positions within Hope Care Center: _____
- If hired, are you able to submit proof of U.S. citizenship or lawful alien status that permits you to work in the United States? Yes No If no, what type of work authorization do you have? _____

Please list three professional references other than employers or relatives.

Name/Occupation	Address	Telephone Number
		Home Business
		Home Business
		Home Business

Please indicate all areas in which you have had work experience.

Specialized Nursing Home/Hospital/Medical Experience

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> CNA | <input type="checkbox"/> ICD-9 Coding | <input type="checkbox"/> Restorative Aide |
| <input type="checkbox"/> CMT | <input type="checkbox"/> LPN | <input type="checkbox"/> RN |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Medical Records Clerk | <input type="checkbox"/> Safety & Security Officer |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Other: _____ |

Specialized Office Experience

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Record Filing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Payroll | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Business Office | <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Word <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Typing _____ wpm |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Excel <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Additional Work Experience

- | | | |
|--|--|---|
| <input type="checkbox"/> Electrician | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Laundry | <input type="checkbox"/> Transportation/CDL |
| <input type="checkbox"/> Groundskeeping | <input type="checkbox"/> Painter/Plaster | <input type="checkbox"/> Other: _____ |

List any other additional specialized skills not covered above: _____

To Be Completed by Hope Care Center

Interview

Date: _____

Hire: Start Date: _____

No Hire Please check at least one of the following reason codes:

- | | | | | |
|--|-------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Communications Skills | <input type="checkbox"/> Education | <input type="checkbox"/> Experience | <input type="checkbox"/> Declined Offer | <input type="checkbox"/> Salary Issues |
| <input type="checkbox"/> Professional Impression | <input type="checkbox"/> References | <input type="checkbox"/> Work History | <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Other _____ |

No Interview

Please check at least one of the following reason codes:

- Experience Education Work History Incomplete Application Other _____

Supervisor: _____

Date: _____

Hope Care Center Inc.

Release Authorization

Criminal Records & Background Check

I hereby authorize Hope Care Center to conduct a criminal record background check for any criminal charges or convictions as well as a background check for exclusion from any Federal or state funded programs should I be extended an offer of employment (or opportunity to volunteer). I further authorize any Federal, state, or local agencies to release this information to Hope Care Center. I understand that any offer of employment (or opportunity to volunteer) is contingent upon receiving satisfactory responses to these background checks.

SIGNATURE: _____

WITNESS: _____

DATE: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Previous Address: _____

Last/Current Place of Employment: _____

Social Security Number: _____ Date of Birth: _____

Race: _____ Sex: Male _____ Female _____

Hope Care Center Inc.

Release Authorization

Pre-Placement New Employee/Volunteer Drug Screen

Hope Care Center promotes a drug-free workplace in order to provide the highest quality care to our residents. Therefore, Hope Care Center requires pre-placement drug and alcohol screening of any applicant extended a conditional offer of employment in order to detect the presence of illegal drugs and/or alcohol. An applicant extended a conditional offer of employment must sign a consent form that allows Hope Care Center to perform a drug and/or alcohol screening and submit the results to Hope Care Center. Should an applicant refuse to sign a consent form or if the collection process is not completed within forty-eight (48) hours of notification, the employment offer will be withdrawn.

All drug and alcohol tests are subject to careful screening procedures. Positive test results are confirmed before the results are communicated to you by Hope Care Center. The conditional offer of employment will be withdrawn, thereby resulting in termination of employment, in the event of a confirmed positive test result.

I acknowledge that I have read and understand the above Hope Care Center "New Employee Pre-Placement Drug Screen" Policy. I have had the opportunity to ask questions regarding the policy's content. I further understand that employment by Hope Care Center is contingent upon the drug screen exam.

I voluntarily consent to provide urine or other necessary specimen if I am extended a conditional offer of employment and further, I consent to having the specimen collected and tested by any laboratory that Hope Care Center may select.

I understand that the results of these tests may be used for employment reason, and I authorize the release of this information to Hope Care Center from the selected laboratory.

Signature of Applicant

Date

Printed Name of Applicant

Hope Care Center Inc.

Pre-employment Authorization

Date_____

I _____ do authorize Hope Care Center to conduct any background employment or licensure checks deemed necessary for employment at said facility

Signature_____ Date_____

Witnessed_____ Date_____